SECTION 904 (2)(c) Part 3 TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP FY 2018

Children with Serious Emotional Disturbance (SED)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2018 MDHHS/CMHSP contract. Cost data were collected for the reporting period October 1, 2017 to September 30, 2018 and submitted to MDHHS by March 1, 2019. The data in this section represent the total costs associated with providing mental health services to children with a serious emotional disturbance (child MI) by service category for each of the 46 CMHSPs within the State of Michigan.

Definitions for terms found in this section are presented in Section 904 (4).

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 9 | 131 | \$128,793 | \$14,310 | \$983 | 15 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 6 | 46 | \$5,506 | \$918 | \$120 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 1 | 6 | \$6,384 | \$6,384 | \$1,064 | 6 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 3 | 28 | \$22,272 | \$7,424 | \$795 | 9 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$18,051 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 5 | 21 | \$7,681 | \$1,536 | \$366 | 4 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | December Code | HCDGC G. J. | M. P.C. | Unit | Comme | TT-9- | Cont | G + IG | Conflict | H-it/G |
|---|---------------------------------------|-------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 7 | 11 | \$5,938 | \$848 | \$540 | 2 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 6 | 1,110 | \$36,215 | \$6,036 | \$33 | 185 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 6 | 5,538 | \$180,531 | \$30,089 | \$33 | 923 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 6 | 261 | \$18,009 | \$3,002 | \$69 | 44 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 6 | 542 | \$37,456 | \$6,243 | \$69 | 90 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 5 | 36 | \$4,990 | \$998 | \$139 | 7 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 41 | 41 | \$29,852 | \$728 | \$728 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 26 | 40 | \$4,193 | \$161 | \$105 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 33 | 71 | \$11,884 | \$360 | \$167 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 48 | 287 | \$54,036 | \$1,126 | \$188 | 6 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 21 | 63 | \$17,421 | \$830 | \$277 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 47 | 173 | \$53,388 | \$1,136 | \$309 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 1 | 4 | \$520 | \$520 | \$130 | 4 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 1 | 1 | \$138 | \$138 | \$138 | 1 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$79 | \$79 | \$79 | 1 |
| Occupational Therapy | | 97166 | | Encounter | 1 | 1 | \$79 | \$79 | \$79 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 3 | 375 | \$7,364 | \$2,455 | \$20 | 125 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$204 | \$204 | \$204 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 71 | 188 | \$32,630 | \$460 | \$174 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 3 | 3 | \$836 | \$279 | \$279 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 2 | 2 | \$774 | \$387 | \$387 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 4 | 4 | \$446 | \$112 | \$112 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 1 | 1 | \$113 | \$113 | \$113 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 3 | 9 | \$539 | \$180 | \$60 | 3 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 2 | 9 | \$1,017 | \$509 | \$113 | 5 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 3 | 8 | \$806 | \$269 | \$101 | 3 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 4 | 5 | \$466 | \$117 | \$93 | 1 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 27 | 148 | \$96,099 | \$3,559 | \$649 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 122 | 126 | \$41,400 | \$339 | \$329 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 9 | 10 | \$5,871 | \$652 | \$587 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 50 | 71 | \$19,291 | \$386 | \$272 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 22 | 25 | \$6,758 | \$307 | \$270 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 85 | 5,995 | \$457,450 | \$5,382 | \$76 | 71 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 3 | 9 | \$478 | \$159 | \$53 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 164 | \$494 | \$247 | \$3 | 82 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 22 | 999 | \$95,784 | \$4,354 | \$96 | 45 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|--------------|-----------|
| Service Category | Revenue code | | Wounci | | | | | | | |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 11 | 75 | \$11,555 | \$1,050 | \$154 | 7 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 7 | 45 | \$7,797 | \$1,114 | \$173 | 6 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 9 | 3,945 | \$16,138 | \$1,793 | \$4 | 438 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 2 | 846 | \$1,845 | \$923 | \$2 | 423 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 22 | 159 | \$19,102 | \$868 | \$120 | 7 |
| Targeted Case Management | | T1017 | | 15 minutes | 13 | 277 | \$27,782 | \$2,137 | \$100 | 21 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 71 | 81 | \$13,942 | \$196 | \$172 | 1 |
| | | - *** | | | | ~~ | | T | - | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Allegan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 5 | 40 | \$2,541 | \$508 | \$64 | 8 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 35 | 286 | \$35,640 | \$1,018 | \$125 | 8 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 277 | | \$1,548,578 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| AuSable Valley | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 14 | 106 | \$97,502 | \$6,964 | \$920 | 8 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| AuSable Valley | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|--------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | | rier es code | Wodiler | | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | 00104 | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0001 | 00104 | | Minutes | | | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | 116 | Minutes | 0 | 7 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 U5 | Encounter | 6 | | \$3,653 | \$609 | \$522 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 5 | 174 | \$5,203 | \$1,041 | \$30 | 35 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 5 | 580 | \$17,342 | \$3,468 | \$30 | 116 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 5 | 41 | \$2,675 | \$535 | \$65 | 8 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 5 | 55 | \$3,588 | \$718 | \$65 | 11 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 3 | 11 | \$1,435 | \$478 | \$130 | 4 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 105 | 103 | \$54,501 | \$519 | \$529 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 27 | 28 | \$15,093 | \$559 | \$539 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 120 | 193 | \$23,867 | \$199 | \$124 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 228 | 513 | \$102,079 | \$448 | \$199 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | * | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | - | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| AuSable Valley | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 385 | 1,590 | \$540,428 | \$1,404 | \$340 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 42 | 55 | \$11,991 | \$285 | \$218 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 199 | 459 | \$99,847 | \$502 | \$218 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 7 | 47 | \$4,062 | \$580 | \$86 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 34 | 34 | \$21,759 | \$640 | \$640 | 1 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

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| AuSable Valley | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| AuSable Valley | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 1 | 2 | \$323 | \$323 | \$162 | 2 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 1 | 1 | \$180 | \$180 | \$180 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 21 | 51 | \$1,695 | \$81 | \$33 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 27 | 54 | \$9,395 | \$348 | \$174 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 222 | 813 | \$158,095 | \$712 | \$194 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 95 | 218 | \$43,211 | \$455 | \$198 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| AuSable Valley | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| AuSable Valley | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 23 | 231 | \$110,805 | \$4,818 | \$480 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 431 | 438 | \$153,150 | \$355 | \$350 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 420 | 486 | \$61,025 | \$145 | \$126 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 148 | 257 | \$32,142 | \$217 | \$125 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 28 | 1,986 | \$128,758 | \$4,598 | \$65 | 71 |
| Home Based Services | | H0036 | ST | 15 Minutes | 3 | 52 | \$3,371 | \$1,124 | \$65 | 17 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| AuSable Valley | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 27 | 116 | \$7,793 | \$289 | \$67 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 254 | 10,692 | \$63,114 | \$248 | \$6 | 42 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 22 | \$66 | \$66 | \$3 | 22 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 34 | 2,042 | \$71,384 | \$2,100 | \$35 | 60 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 2 | 32 | \$758 | \$379 | \$24 | 16 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | - | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| AuSable Valley | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 152 | 875 | \$210,517 | \$1,385 | \$241 | 6 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 41 | 41 | \$4,891 | \$119 | \$119 | 1 |
| Health Services | | T1002 | | Up to 15 min | 38 | 506 | \$15,727 | \$414 | \$31 | 13 |
| Respite Care | | T1005 | | 15 Minutes | 4 | 732 | \$3,507 | \$877 | \$5 | 183 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | 15 minutes | 345 | 7,020 | \$552,480 | \$1,601 | \$79 | 20 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 133 | 200 | \$34,627 | \$260 | \$173 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| AuSable Valley | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 2 | 9 | \$1,226 | \$613 | \$136 | 5 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | <u>- </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 699 | | \$2,673,264 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Barry | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 4 | 65 | \$61,674 | \$15,418 | \$949 | 16 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 13 | 115 | \$106,717 | \$8,209 | \$928 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 9 | \$7,667 | \$7,667 | \$852 | 9 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Barry Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|------------|------------|-----------|
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | es 0940-0942 | 00104 | | # of visits Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | 0901 | 0359T | U5 | Encounter | 6 | 10 | \$1,983 | \$331 | \$198 | 2 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ADA Beliaviorai i oliow-up Assessment | | 03031 | | Minutes | Ü | Ü | ΨΟ | φ0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 10 | 578 | \$96,848 | \$9,685 | \$168 | 58 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 10 | 828 | \$138,737 | \$13,874 | \$168 | 83 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 10 | 91 | \$34,541 | \$3,454 | \$380 | 9 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 10 | 75 | \$28,468 | \$2,847 | \$380 | 8 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 30 | 30 | \$18,055 | \$602 | \$602 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 18 | 23 | \$4,562 | \$253 | \$198 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 108 | 406 | \$80,380 | \$744 | \$198 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Barry | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|----------------|----------|-------------------------------|-------|-------|------------|------------|------------|-----------|
| Service Category | Revenue Code | | Modifier | Measure | | | | | | |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 10 | 13 | \$2,578 | \$258 | \$198 | 1 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 18 | 33 | \$6,545 | \$364 | \$198 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 156 | 621 | \$122,610 | \$786 | \$197 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 45 | 387 | \$48,601 | \$1,080 | \$126 | 9 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 3 | 56 | \$4,702 | \$1,567 | \$84 | 19 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 3 | 3 | \$256 | \$85 | \$85 | 1 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other Assessments-Other | | 96105 96110 | | Encounter Encounter | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Barry | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 5 | 168 | \$4,452 | \$890 | \$27 | 34 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 1 | 1 | \$106 | \$106 | \$106 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 2 | 2 | \$212 | \$106 | \$106 | 1 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Barry | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 4 | 4 | \$328 | \$82 | \$82 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 5 | 5 | \$1,284 | \$257 | \$257 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 29 | 56 | \$12,173 | \$420 | \$217 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 17 | 25 | \$6,788 | \$399 | \$272 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 1 | 1 | \$308 | \$308 | \$308 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 1 | 1 | \$7 | \$7 | \$7 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 1 | 1 | \$103 | \$103 | \$103 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 2 | 8 | \$477 | \$238 | \$60 | 4 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Barry | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Barry | | | | Unit | | | | | | |
|--|---------------------------------------|------------|---------------------------------------|---------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 29 | 32 | \$6,347 | \$219 | \$198 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 6 | 26 | \$17,132 | \$2,855 | \$659 | 4 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 183 | 192 | \$70,491 | \$385 | \$367 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 18 | 33 | \$7,537 | \$419 | \$228 | 2 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 161 | 169 | \$33,518 | \$208 | \$198 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 2 | 3 | \$595 | \$297 | \$198 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 23 | 1,014 | \$124,810 | \$5,427 | \$123 | 44 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Barry | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 1 | 3 | \$518 | \$518 | \$173 | 3 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 40 | 238 | \$13,255 | \$331 | \$56 | 6 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 7 | 1,010 | \$35,655 | \$5,094 | \$35 | 144 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 2 | 60 | \$513 | \$256 | \$9 | 30 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 10 | 568 | \$133,047 | \$13,305 | \$234 | 57 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Barry | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 20 | 159 | \$10,907 | \$545 | \$69 | 8 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 38 | 40 | \$3,283 | \$86 | \$82 | 1 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 4 | 49 | \$2,430 | \$607 | \$50 | 12 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 6 | 8 | \$1,587 | \$264 | \$198 | 1 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 1 | 1 | \$41 | \$41 | \$41 | 1 |
| Respite Care | | T1005 | | 15 Minutes | 8 | 7,554 | \$27,849 | \$3,481 | \$4 | 944 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 9 | 74 | \$12,905 | \$1,434 | \$174 | 8 |
| Targeted Case Management | | T1017 | | 15 minutes | 9 | 111 | \$19,358 | \$2,151 | \$174 | 12 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 27 | 38 | \$16,236 | \$601 | \$427 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Barry | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 2 | 4 | \$885 | \$442 | \$221 | 2 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 296 | | \$1,330,059 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 18 | 223 | \$169,899 | \$9,439 | \$762 | 12 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 107 | 807 | \$653,972 | \$6,112 | \$810 | 8 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 6 | 29 | \$6,691 | \$1,115 | \$231 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 6 | \$5,337 | \$5,337 | \$889 | 6 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | * | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------|----------|-------------------------------|-------|--------|-----------|------------|-----------|-----------|
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | ne 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 8 0940-0942 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | 0,01 | 0359T | U5 | Encounter | 24 | 32 | \$11,681 | \$487 | \$365 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 25 | 2,219 | \$60,569 | \$2,423 | \$27 | 89 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 25 | 13,231 | \$361,178 | \$14,447 | \$27 | 529 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 25 | 497 | \$28,764 | \$1,151 | \$58 | 20 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 25 | 1,207 | \$69,822 | \$2,793 | \$58 | 48 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 19 | 81 | \$9,853 | \$519 | \$122 | 4 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 243 | 245 | \$86,362 | \$355 | \$352 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 2 | 2 | \$1,068 | \$534 | \$534 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 158 | 230 | \$14,273 | \$90 | \$62 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 710 | 5,829 | \$485,952 | \$684 | \$83 | 8 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 321 | 996 | \$184,334 | \$574 | \$185 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 3 | 3 | \$242 | \$81 | \$81 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 1 | 1 | \$38 | \$38 | \$38 | 1 |
| Therapy-Family Therapy | | 90846 | | Encounter | 91 | 173 | \$19,924 | \$219 | \$115 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 319 | 957 | \$78,458 | \$246 | \$82 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 3 | 6 | \$786 | \$262 | \$131 | 2 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 156 | 528 | \$37,664 | \$241 | \$71 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 3 | 48 | \$4,513 | \$1,504 | \$94 | 16 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 3 | 4 | \$763 | \$254 | \$191 | 1 |
| Speech & Language Therapy | | 92524 | | Encounter | 2 | 22 | \$1,931 | \$966 | \$88 | 11 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 2 | 6 | \$2,680 | \$1,340 | \$447 | 3 |
| Assessment for Autism | | 96101 | U5 | Hour | 18 | 35 | \$2,529 | \$140 | \$72 | 2 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac | | | | Unit | _ | | _ | | | |
|---|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 10 | 40 | \$1,342 | \$134 | \$34 | 4 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 1 | 92 | \$2,386 | \$2,386 | \$26 | 92 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 1 | 22 | \$571 | \$571 | \$26 | 22 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 1 | 1 | \$165 | \$165 | \$165 | 1 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 2 | 2 | \$329 | \$165 | \$165 | 1 |
| Occupational Therapy | | 97166 | | Encounter | 9 | 9 | \$1,481 | \$165 | \$165 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 1 | 1 | \$60 | \$60 | \$60 | 1 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 3 | 131 | \$3,398 | \$1,133 | \$26 | 44 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 8 | 768 | \$29,105 | \$3,638 | \$38 | 96 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | - | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 1 | 1 | \$99 | \$99 | \$99 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 1 | 1 | \$143 | \$143 | \$143 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 1 | 1 | \$273 | \$273 | \$273 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 291 | 401 | \$15,796 | \$54 | \$39 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 12 | 14 | \$1,136 | \$95 | \$81 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 267 | 438 | \$62,548 | \$234 | \$143 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 536 | 1,338 | \$280,538 | \$523 | \$210 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 32 | 42 | \$11,420 | \$357 | \$272 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Procession | Bay-Arenac | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Selection Company Co | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Selection Processic Physical Communitions 1925 147 19 Minuses 0 0 19 19 19 0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solutione Une Disorder Physican Consolutions 952.54 HP 80 Mentes 0 0 50 50 50 0 Solution Cultiforder Physican Consolutions 9755 HP 110 Mentes 0 0 150 30 0 0 Number Garliny Services evolutions and management 95108 3.5 Manas 0 0 150 30 30 0 Number Garliny Services evolutions and management 95108 3.5 Manas 0 0 30 30 30 0 Number Garliny Services evolutions and management 95108 A Standard 0 0 30 30 30 0 Number Garliny Services evolutions and management 9510 13 Manas 0 0 30 30 30 0 Number Garliny Services evolutions and management 9510 13 Manas 0 0 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30< | Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection Sele | Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Position Position Position and management 9984 | Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Norsing Facility Services evaluation and management | Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Noming Facility Services evaluation and management 9,9306 45 Menaes 0 0 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Names parallel Services evaluation and nanagement 95937 10 Minutes 0 0 50 50 50 0 Names parallel Services evaluation and nanagement 95938 15 Minutes 0 0 50 50 50 0 Names parallel Services evaluation and management 95938 15 Minutes 0 0 50 50 50 0 Names parallel Services evaluation and management 95938 25 minutes 0 0 50 50 50 0 Names parallel Services evaluation and management 95938 450 450 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Noming Facility Services evolution and management 95198 15 Minutes 0 0 50 50 50 0 10 10 | Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nating Facility Services evolutation and management 99309 25 minutes 0 0 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nesing Facility Services evaluation and management 99310 | Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Passessment | Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99327 Encounter 0 0 50 50 50 50 0 | Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99328 Encounter 0 0 50 50 50 50 0 0 Assessment 9934 Encounter 0 0 0 50 50 50 0 0 0 | Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9934 Encounter 0 0 50 50 50 50 0 0 Assessment 9935 Encounter 0 0 0 50 50 50 0 0 0 | Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99335 Encounter 0 0 \$0 | Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99336 Encounter 0 0 \$0 | Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99337 Encounter 0 0 S0 S0 S0 0 Assessment 99341 Encounter 0 0 S0 S0 S0 0 Assessment 99342 Encounter 0 0 S0 S0 S0 0 Assessment 99343 Encounter 0 0 S0 S0 S0 0 Assessment 99345 Encounter 0 0 S0 S0 S0 0 Assessment 99347 Encounter 0 0 S0 S0 S0 0 Assessment 99348 Encounter 0 0 S0 S0 S0 0 Assessment 99349 Encounter 0 0 S0 S0 S0 0 Assessment 99350 Encounter 0 0 S0 S0 S0 S0 0 Assessment 99350 Encounter <th< td=""><td>Assessment</td><td></td><td>99335</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<> | Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99341 Encounter 0 0 SO SO SO O Assessment 99342 Encounter 0 0 SO SO SO O Assessment 99343 Encounter 0 0 SO SO SO O Assessment 99344 Encounter 0 0 SO SO SO O Assessment 99345 Encounter 0 0 SO SO SO SO O Assessment 99347 Encounter 0 0 SO < | Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99342 Encounter 0 0 \$0 | Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99343 Encounter 0 0 50 \$0 | Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99344 Encounter 0 0 \$0 | Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99345 Encounter 0 0 SO SO SO O Assessment 99347 Encounter 0 0 SO SO SO O Assessment 99348 Encounter 0 0 SO SO SO O Assessment 99349 Encounter 0 0 SO SO SO O Assessment 99350 Encounter 0 0 SO SO SO O Assessment 99350 Encounter 0 0 SO < | Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99347 Encounter 0 0 \$0 | Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99348 Encounter 0 0 \$0 | Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99349 Encounter 0 0 \$0 | Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99350 Encounter 0 0 \$0 | Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration 99506 Encounter 0 0 \$0 | Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management 99605 15 Minutes 0 0 \$0 | Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0080 Per mile 0 0 50 \$0 </td <td>Medication Administration</td> <td></td> <td>99506</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0090 Per mile 0 0 \$0 </td <td>Medication Management</td> <td></td> <td>99605</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0100 Per one-way trip 0 0 \$0 | Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0100 HF Per one-way trip 0 0 \$0 | Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0110 Per one-way trip 0 0 \$0 | Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 \$0 | Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0120 Per one-way trip 0 0 \$0 | Transportation | | A0110 | | Per one-way trip | | 0 | | | | 0 |
| Transportation A0130 Per one-way trip 0 0 \$0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Transportation | | A0120 | | Per one-way trip | | | | | | |
| <u>Transportation</u> A0140 Per one-way trip 0 0 \$0 \$0 \$0 0 | Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 16 | 16 | \$1,418 | \$89 | \$89 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 5 | 52 | \$22,681 | \$4,536 | \$436 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 667 | 691 | \$139,740 | \$210 | \$202 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 31 | 33 | \$13,235 | \$427 | \$401 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 692 | 725 | \$116,639 | \$169 | \$161 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 11 | 46 | \$4,436 | \$403 | \$96 | 4 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 180 | 14,393 | \$1,036,249 | \$5,757 | \$72 | 80 |
| Home Based Services | | H0036 | ST | 15 Minutes | 2 | 31 | \$2,238 | \$1,119 | \$72 | 16 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Bay-Arenac | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 32 | 125 | \$5,856 | \$183 | \$47 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 17 | 150 | \$7,028 | \$413 | \$47 | 9 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 11 | 5,411 | \$32,314 | \$2,938 | \$6 | 492 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 15 | 871 | \$46,043 | \$3,070 | \$53 | 58 |
| Wraparound (SED Waiver) | | H2022 | | Days | 1 | 6 | \$2,122 | \$2,122 | \$354 | 6 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 10 | 10 | \$469 | \$47 | \$47 | 1 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 41 | 188 | \$7,600 | \$185 | \$40 | 5 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 5 | 63 | \$2,061 | \$412 | \$33 | 13 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 2 | 2 | \$503 | \$251 | \$251 | 1 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 19 | 960 | \$84,679 | \$4,457 | \$88 | 51 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 209 | 209 | \$40,439 | \$193 | \$193 | 1 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 3 | 663 | \$1,278 | \$426 | \$2 | 221 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 50 | 954 | \$79,385 | \$1,588 | \$83 | 19 |
| Targeted Case Management | | T1017 | | 15 minutes | 261 | 9,645 | \$548,538 | \$2,102 | \$57 | 37 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 174 | 236 | \$107,691 | \$619 | \$456 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Bay-Arenac | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 4 | 5 | \$53 | \$13 | \$11 | 1 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 11 | 62 | \$4,741 | \$431 | \$76 | 6 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 1 | 19 | \$256 | \$256 | \$13 | 19 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | - | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,219 | | \$5,017,764 | | | |

Children with Serious Emotional Disturbance

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| Berrien | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 4 | 42 | \$38,925 | \$9,731 | \$927 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 8 | 105 | \$120,630 | \$15,079 | \$1,149 | 13 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 3 | 18 | \$15,063 | \$5,021 | \$837 | 6 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

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| Berrien | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 15 | 18 | \$9,005 | \$600 | \$500 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 7 | 19 | \$1,744 | \$249 | \$92 | 3 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 7 | 119 | \$10,922 | \$1,560 | \$92 | 17 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 15 | 819 | \$33,015 | \$2,201 | \$40 | 55 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 15 | 6,659 | \$269,628 | \$17,975 | \$40 | 444 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 2 | \$32 | \$32 | \$16 | 2 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 1 | 1 | \$16 | \$16 | \$16 | 1 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 14 | 288 | \$27,987 | \$1,999 | \$97 | 21 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 14 | 639 | \$61,781 | \$4,413 | \$97 | 46 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 13 | 171 | \$31,769 | \$2,444 | \$186 | 13 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 3 | 31 | \$2,348 | \$783 | \$76 | 10 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 32 | 32 | \$11,025 | \$345 | \$345 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 62 | 62 | \$23,141 | \$373 | \$373 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 88 | 352 | \$46,489 | \$528 | \$132 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | - | 90834 | | 45 Minutes | 164 | 493 | \$82,664 | \$504 | \$168 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

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| Berrien | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|---------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 153 | 570 | \$117,831 | \$770 | \$207 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 14 | 26 | \$6,569 | \$469 | \$253 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 14 | 38 | \$9,601 | \$686 | \$253 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 7 | 73 | \$12,492 | \$1,785 | \$171 | 10 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 6 | 326 | \$58,080 | \$9,680 | \$178 | 54 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 3 | 3 | \$891 | \$297 | \$297 | 1 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

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| Berrien | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 23 | 138 | \$11,570 | \$503 | \$84 | 6 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Berrien | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$71 | \$71 | \$71 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 95 | 223 | \$35,599 | \$375 | \$160 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 250 | 663 | \$144,671 | \$579 | \$218 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 13 | 15 | \$4,048 | \$311 | \$270 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 2 | 2 | \$163 | \$81 | \$81 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 3 | 3 | \$324 | \$108 | \$108 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 1 | 3 | \$207 | \$207 | \$69 | 3 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 4 | 8 | \$859 | \$215 | \$107 | 2 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 3 | 7 | \$752 | \$251 | \$107 | 2 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 2 | 3 | \$324 | \$162 | \$108 | 2 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Berrien | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 1 | 8 | \$5,399 | \$5,399 | \$675 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 393 | 431 | \$113,242 | \$288 | \$263 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 43 | 46 | \$21,876 | \$509 | \$476 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 18 | 19 | \$4,832 | \$268 | \$254 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 252 | 14,156 | \$1,282,924 | \$5,091 | \$91 | 56 |
| Home Based Services | | H0036 | ST | 15 Minutes | 4 | 200 | \$18,146 | \$4,536 | \$91 | 50 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Berrien | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 1 | 3 | \$891 | \$891 | \$297 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 2 | 2 | \$650 | \$325 | \$325 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 18 | 33 | \$1,440 | \$80 | \$44 | 2 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 16 | 13,634 | \$66,483 | \$4,155 | \$5 | 852 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 1 | 880 | \$2,714 | \$2,714 | \$3 | 880 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 20 | 949 | \$86,101 | \$4,305 | \$91 | 47 |
| Wraparound (SED Waiver) | | H2022 | | Days | 4 | 54 | \$21,086 | \$5,271 | \$390 | 14 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 41 | 4,556 | \$366,265 | \$8,933 | \$80 | 111 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Berrien | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 4 | 107 | \$25,946 | \$6,487 | \$242 | 27 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 9 | 7,606 | \$30,393 | \$3,377 | \$4 | 845 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 1 | 642 | \$2,336 | \$2,336 | \$4 | 642 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 44 | 714 | \$117,260 | \$2,665 | \$164 | 16 |
| Targeted Case Management | | T1017 | | 15 minutes | 58 | 2,811 | \$261,493 | \$4,508 | \$93 | 48 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 99 | 144 | \$56,394 | \$570 | \$392 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Berrien | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 6 | 49 | \$6,398 | \$1,066 | \$131 | 8 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 812 | | \$3,682,505 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Clinton Eaton Ingham | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|-------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | | Tieres code | | | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 133 | 1,031 | \$912,574 | \$6,861 | \$885 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 16 | 27 | \$23,555 | \$1,472 | \$872 | 2 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 31 | 134 | \$106,425 | \$3,433 | \$794 | 4 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 11 | 32 | \$16,838 | \$1,531 | \$526 | 3 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 3 | 14 | \$11,802 | \$3,934 | \$843 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 8 | \$6,744 | \$6,744 | \$843 | 8 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$184,789 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$43,195 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | • | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 1 | 6 | \$1,423 | \$1,423 | \$237 | 6 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 8 | 110 | \$43,209 | \$5,401 | \$393 | 14 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | ** | 7.7 | 7.7 | |

Children with Serious Emotional Disturbance

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| Service Category Inpatient Hospital Ancillary Services - Other Therapeutic Service Additional Codes-ECT Anesthesia | Revenue Code ces 0940-0942 | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| | ces 0940-0942 | | | | | | | | | |
| Additional Codes-ECT Anesthesia | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 5 | 6 | \$2,275 | \$455 | \$379 | 1 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 192 | 192 | \$157,539 | \$821 | \$821 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 201 | 323 | \$54,131 | \$269 | \$168 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 194 | 408 | \$108,122 | \$557 | \$265 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Mean Heach Collegator Che Season 1987 16 Manes 448 4,497 51,150,15 57,05 57,05 Manuse Lo Bander Collegator Che 580,05 187 187 181 hands 0 0 0 30 30 30 30 Psychiatrapy for Cain Fire Ol Manes 980,05 187 181 hands 0 0 0 30 30 30 Psychiatrapy for Cain Fire Ol Manes 980,05 187 181 hands 0 0 0 30 30 30 Psychiatrapy for Cain Fire Ol Manes 980,05 187 181 hands 0 0 0 30 30 30 Psychiatrapy for Cain Fire Ol Manes 980,05 187 181 hands 181 181 181 181 Psychiatrapy for Cain Fire Ol Manes 980,05 187 181 181 181 181 181 181 181 Psychiatrapy for Cain Fire Ol Manes 980,05 187 181 1 | Clinton Eaton Ingham | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|--------------|------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Selection Computer Care | Service Category | Revenue Code | | Modifier | Measure | | | | | | |
| Section | | | | | | | | | | | 7 |
| Psychotherapy for Crisis Fase M Miners 9089 | Substance Use Disorder: Outpatient Care | | | HF | 60 Minutes | | | | | | 0 |
| Popular Despute Processing Sach Additional 30 Manues. | | | | | | | | <u> </u> | | | 0 |
| Partagrap Family Therapy 1960 1 | Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | | 0 | \$0 | \$0 | | 0 |
| Substance Use Decoder: Outputient Treatment | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pursay Plancy Plancy System Plancy System Plancy | Therapy-Family Therapy | | 90846 | | Encounter | 155 | 332 | \$135,263 | \$873 | \$407 | 2 |
| Substance Use Decorder: Outgutsent Treatment 0900, 0006, 0914, 09847 HF Encounter 0 0 50 50 50 50 50 | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Percept Family Therapy | Therapy-Family Therapy | | 90847 | | Encounter | 889 | 3,767 | \$990,363 | \$1,114 | \$263 | 4 |
| Decay Family Thorapy | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decay Group Therapy | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment OSCO, | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Parmacological Management (SED Water) 90863 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Therapy-Group Therapy | | 90853 | | Encounter | 37 | 278 | \$75,895 | \$2,051 | \$273 | 8 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 80 80 80 Additional Codes-ECT Physician 0901 90870 Encounter 0 0 80 80 80 Speech & Language Therapy 92507 Encounter 0 0 80 80 80 Speech & Language Therapy 92508 Encounter 0 0 80 80 80 Speech & Language Therapy 92511 Encounter 0 0 80 80 80 Speech & Language Therapy 92521 Encounter 0 0 80 80 80 Speech & Language Therapy 92522 Encounter 0 0 80 80 80 Speech & Language Therapy 92524 Encounter 0 0 80 80 80 Speech & Language Therapy 92526 Encounter 0 0 80 80 80 Speech & Language Therapy 9260 Encounter 0 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 \$50 \$0 \$0 Assessments-Other 90887 Encounter 1 1 \$209 \$209 \$209 Speech & Language Therapy 92507 Encounter 0 0 \$0 \$0 \$0 \$0 Speech & Language Therapy 92511 Encounter 0 0 \$0 \$0 \$0 \$0 Speech & Language Therapy 92521 Encounter 0 0 \$0 <td>Pharmacological Management (SED Waiver)</td> <td></td> <td>90863</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 1 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92598 Encounter 0 0 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 1 | 1 | \$209 | \$209 | \$209 | 1 |
| Speech & Language Therapy 92521 Encounter 0 0 50 50 50 50 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 0 50 50 50 50 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 50 50 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 \$0 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 \$0 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 SO | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 \$0 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 \$0 <td>Speech & Language Therapy</td> <td></td> <td>92609</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 \$ | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 \$0 \$0 \$0 Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$214 | \$214 | \$214 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 2 | 2 | \$749 | \$375 | \$375 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 347 | 1,448 | \$671,556 | \$1,935 | \$464 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 1 | 1 | \$1,049 | \$1,049 | \$1,049 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 2 | 2 | \$352 | \$176 | \$176 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 3 | 12 | \$823 | \$274 | \$69 | 4 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 2 | 5 | \$570 | \$285 | \$114 | 3 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 2 | 2 | \$367 | \$184 | \$184 | 1 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 2 | 2 | \$3,062 | \$1,531 | \$1,531 | 1 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 1 | 1 | \$758 | \$758 | \$758 | 1 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Clinton Eaton Ingham | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 6 | 6 | \$668 | \$111 | \$111 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 1,312 | 1,356 | \$782,564 | \$596 | \$577 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 41 | 43 | \$10,000 | \$244 | \$233 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 992 | 71,543 | \$5,095,602 | \$5,137 | \$71 | 72 |
| Home Based Services | | H0036 | ST | 15 Minutes | 5 | 103 | \$9,570 | \$1,914 | \$93 | 21 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 181 | 1,617 | \$526,610 | \$2,909 | \$326 | 9 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 1 | 1,166 | \$6,251 | \$6,251 | \$5 | 1,166 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 113 | 6,338 | \$279,632 | \$2,475 | \$44 | 56 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 104 | 17,147 | \$228,917 | \$2,201 | \$13 | 165 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 58 | 988 | \$333,969 | \$5,758 | \$338 | 17 |
| Wraparound (SED Waiver) | | H2022 | | Days | 8 | 15 | \$17,820 | \$2,228 | \$1,188 | 2 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 50 | 264 | \$82,829 | \$1,657 | \$314 | 5 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 3 | 3 | \$125 | \$42 | \$42 | 1 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 6 | 299 | \$2,370 | \$395 | \$8 | 50 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 1 | 27 | \$1,274 | \$1,274 | \$47 | 27 |
| Targeted Case Management | | T1017 | | 15 minutes | 15 | 421 | \$54,112 | \$3,607 | \$129 | 28 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 520 | 823 | \$665,128 | \$1,279 | \$808 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Clinton Eaton Ingham | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 2,544 | | \$12,782,104 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| CMH for Central Michigan Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | | | | | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 8 | 132 | \$124,040 | \$15,505 | \$940 | 17 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 1 | 26 | \$4,156 | \$4,156 | \$160 | 26 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 5 | 51 | \$45,091 | \$9,018 | \$884 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 14 | 155 | \$118,891 | \$8,492 | \$767 | 11 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 5 | \$368 | \$368 | \$74 | 5 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 | | | | | | ~ | | ** | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| CMH for Central Michigan | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 12 | 17 | \$7,589 | \$632 | \$446 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 1 | 1 | \$110 | \$110 | \$110 | 1 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 1 | 1 | \$121 | \$121 | \$121 | 1 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 16 | 1,212 | \$24,152 | \$1,509 | \$20 | 76 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 16 | 7,629 | \$159,452 | \$9,966 | \$21 | 477 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 8 | \$55 | \$55 | \$7 | 8 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 1 | 18 | \$123 | \$123 | \$7 | 18 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 14 | 204 | \$22,148 | \$1,582 | \$109 | 15 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 14 | 537 | \$56,301 | \$4,021 | \$105 | 38 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 6 | 27 | \$3,619 | \$603 | \$134 | 5 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 1 | 2 | \$149 | \$149 | \$74 | 2 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 101 | 259 | \$4,273 | \$42 | \$16 | 3 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 23 | 23 | \$16,965 | \$738 | \$738 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 194 | 195 | \$159,171 | \$820 | \$816 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 58 | 98 | \$8,807 | \$152 | \$90 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | - | 90833 | - | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 100 | 252 | \$37,259 | \$373 | \$148 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| CMH for Central Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 166 | 802 | \$149,053 | \$898 | \$186 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 302 | 927 | \$171,360 | \$567 | \$185 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 1,006 | 6,492 | \$1,180,761 | \$1,174 | \$182 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 12 | 67 | \$5,084 | \$424 | \$76 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 5 | 225 | \$24,727 | \$4,945 | \$110 | 45 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 4 | 4 | \$724 | \$181 | \$181 | 1 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 1 | 4 | \$638 | \$638 | \$160 | 4 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 2 | 2 | \$407 | \$203 | \$203 | 1 |
| Assessment for Autism | | 96101 | U5 | Hour | 32 | 42 | \$35,021 | \$1,094 | \$834 | 1 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Mechanistan Same Same September Sept | CMH for Central Michigan | Revenue Code HC | CPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|-----------------|-----------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| | Service Category | | | Wodilici | | | | | | | |
| | - | | | | | | | | | | 0 |
| Newseque for Autism | | | | | | | | | | | 0 |
| | - | | | U5 | | | | , - | | | 0 |
| Seargestic st. Adam's w Comp | | | | | | | | | | | 0 |
| Secondard-Other | Assessment for Autism | | | U5 | Hour | | | | | | 0 |
| Decomptional of Physical Therapy | | | | | Per Hour | | | | | | 0 |
| Decembrated Proposed Therapy | Assessments-Other | | | | | 0 | | | | | 0 |
| | | | | | | | | <u> </u> | | | 2 |
| Decopational or Physical Therapy | Occupational or Physical Therapy | 9 | 7110 | | 15 Minutes | 2 | 137 | \$5,279 | \$2,640 | \$39 | 69 |
| Comparisonal or Physical Therapy | Occupational or Physical Therapy | 9 | 7112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational frequency 97124 15 Manues 0 0 30 30 30 30 30 30 | Occupational or Physical Therapy | 9 | 7113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | 9 | 7116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Computational or Physical Therapy | Occupational or Physical Therapy | 9 | 7124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | 9 | 7140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | 9 | 7150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | 9 | 7161 | | Encounter | 1 | 1 | \$181 | \$181 | \$181 | 1 |
| Physical Therapy | Physical Therapy | 9 | 7162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97165 Encounter 10 10 \$3,258 \$326 \$326 Occupational Therapy 97166 Encounter 7 7 \$2,255 \$322 \$322 Occupational Therapy 97167 Encounter 1 1 \$277 \$227 \$227 Occupational Therapy 97168 Encounter 0 0 \$50 \$50 \$50 Occupational Or Physical Therapy 97530 15 Minutes 5 628 \$17,324 \$3,465 \$28 Occupational Or Physical Therapy 97533 15 Minutes 0 0 \$0 | Physical Therapy | 9 | 7163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 Encounter 7 7 \$2,255 \$322 \$322 Occupational Therapy 97167 Encounter 1 1 \$277 \$277 \$277 Occupational Therapy 97168 Encounter 0 0 \$0 | Physical Therapy | 9 | 7164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy 97167 Encounter 1 1 \$277 | Occupational Therapy | 9 | 7165 | | Encounter | 10 | 10 | \$3,258 | \$326 | \$326 | 1 |
| Occupational Therapy 97168 Encounter 0 0 50 50 50 Occupational or Physical Therapy 97530 15 Minutes 5 628 \$17,324 \$3,465 \$28 Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$50 \$50 \$50 Occupational or Physical Therapy 97533 15 Minutes 1 6 \$550 \$560 \$93 Occupational or Physical Therapy 97537 15 Minutes 0 0 50 \$50 \$93 Occupational or Physical Therapy 97537 15 Minutes 0 0 50 \$50 \$93 Occupational or Physical Therapy 97542 15 Minutes 0 0 50 \$0 | Occupational Therapy | 9 | 7166 | | Encounter | 7 | 7 | \$2,255 | \$322 | \$322 | 1 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational Therapy | 9 | 7167 | | Encounter | 1 | 1 | \$277 | \$277 | \$277 | 1 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 <th< td=""><td>Occupational Therapy</td><td>9</td><td>7168</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<> | Occupational Therapy | 9 | 7168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97533 15 Minutes 11 156 \$14,358 \$1,305 \$92 Occupational or Physical Therapy 97535 15 Minutes 1 6 \$560 \$560 \$93 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | 9 | 7530 | | 15 Minutes | 5 | 628 | \$17,324 | \$3,465 | \$28 | 126 |
| Occupational or Physical Therapy 97535 15 Minutes 1 6 \$560 \$560 \$93 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$ | Occupational or Physical Therapy (Note: Retired 12/31/17) | 9 | 7532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td>9</td> <td>7533</td> <td></td> <td>15 Minutes</td> <td>11</td> <td>156</td> <td>\$14,358</td> <td>\$1,305</td> <td>\$92</td> <td>14</td> | Occupational or Physical Therapy | 9 | 7533 | | 15 Minutes | 11 | 156 | \$14,358 | \$1,305 | \$92 | 14 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td>9</td> <td>7535</td> <td></td> <td>15 Minutes</td> <td>1</td> <td>6</td> <td>\$560</td> <td>\$560</td> <td>\$93</td> <td>6</td> | Occupational or Physical Therapy | 9 | 7535 | | 15 Minutes | 1 | 6 | \$560 | \$560 | \$93 | 6 |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td>9</td> <td>7537</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | 9 | 7537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 50 50 50 50 | Occupational or Physical Therapy | 9 | 7542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td>9</td> <td>7750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | 9 | 7750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Petired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 0 80 80 80 80 80 Coupational or Physical Therapy Assessment or Health Services 97802 15 Minutes 0 0 0 80 80 80 80 80 80 80 | Occupational Therapy | 9 | 77755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 <t< td=""><td>Occupational or Physical Therapy</td><td>9</td><td>7760</td><td></td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<> | Occupational or Physical Therapy | 9 | 7760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 0 0 \$0 \$0 \$0 \$0 Assessment or Health Services 97803 15 Minutes 0 0 \$0 | | 9 | 77762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 0 0 \$0 \$0 \$0 \$0 Health Services 97804 30 Minutes 0 0 \$0 <td>Occupational or Physical Therapy</td> <td>9</td> <td>7763</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | 9 | 7763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 30 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$ | Assessment or Health Services | 9 | 7802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 \$0 | Assessment or Health Services | 9 | 7803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$ \$0 \$ \$0 \$ \$0 | Health Services | 9 | 7804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 | Substance Use Disorder: Acupuncture | 9 | 7810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | 0 | 0 | | | \$0 | 0 |
| | New Patient Evaluation and Management | | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| CMH for Central Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | - | 99211 | - | Encounter | 1 | 1 | \$238 | \$238 | \$238 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 10 | 10 | \$1,224 | \$122 | \$122 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 260 | 759 | \$168,669 | \$649 | \$222 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 201 | 460 | \$139,991 | \$696 | \$304 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 15 | 16 | \$1,981 | \$132 | \$124 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 15 | 112 | \$4,178 | \$279 | \$37 | 7 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 8 | 24 | \$1,719 | \$215 | \$72 | 3 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 2 | 4 | \$409 | \$205 | \$102 | 2 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 10 | 10 | \$695 | \$70 | \$70 | 1 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

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State of Michigan QMPmeasures@michigan.gov

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| CMH for Central Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Per one-way trip

A0140

Transportation

Children with Serious Emotional Disturbance

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| CMH for Central Michigan | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 11 | 159 | \$67,787 | \$6,162 | \$426 | 14 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 1,096 | 1,158 | \$348,869 | \$318 | \$301 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 727 | 945 | \$150,059 | \$206 | \$159 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 10 | 10 | \$1,522 | \$152 | \$152 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 366 | 27,095 | \$2,255,395 | \$6,162 | \$83 | 74 |
| Home Based Services | | H0036 | ST | 15 Minutes | 35 | 1,863 | \$154,196 | \$4,406 | \$83 | 53 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 1 | 1 | \$50 | \$50 | \$50 | 1 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | · | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| CMH for Central Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Respite | | H0045 | | Days | 22 | 354 | \$17,062 | \$776 | \$48 | 10 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review | | H2000 | | Encounter | 4 | 4 | \$128 | \$32 | \$32 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 209 | 292 | \$9,347 | \$45 | \$32 | 1 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | | 15 Minutes | 403 | 1,688 | \$210,713 | \$523 | \$125 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 1 | 1 | \$203 | \$203 | \$203 | |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 29 | 2,147 | \$6,114 | \$211 | \$3 | 74 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 12 | 4,783 | \$19,510 | \$1,626 | \$4 | 399 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | | 15 Minutes | 39 | 1,196 | \$80,992 | \$2,077 | \$68 | 3: |
| Behavior Services | | H2019 | TT | 15 Minutes | 32 | 2,159 | \$35,326 | \$1,104 | \$16 | 6 |
| Wraparound | | H2021 | | 15 Minutes | 55 | 1,768 | \$373,375 | \$6,789 | \$211 | 32 |
| Wraparound (SED Waiver) | | H2022 | | Days | 22 | 213 | \$77,129 | \$3,506 | \$362 | 10 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Home Based Services | | H2033 | | 15 Minutes | 48 | 8,777 | \$863,891 | \$17,998 | \$98 | 183 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 180 | 629 | \$16,312 | \$91 | \$26 | 3 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | (|

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| CMH for Central Michigan | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|-----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Wiodilici | Measure | | | | | | |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 47 | 260 | \$34,953 | \$744 | \$134 | 6 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 57 | 527 | \$125,571 | \$2,203 | \$238 | 9 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 1 | 6 | \$9,041 | \$9,041 | \$1,507 | 6 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 7 | 9 | \$6,585 | \$941 | \$732 | 1 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 13 | 6,628 | \$23,800 | \$1,831 | \$4 | 510 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 48 | 593 | \$46,625 | \$971 | \$79 | 12 |
| Targeted Case Management | | T1017 | | 15 minutes | 86 | 1,040 | \$83,162 | \$967 | \$80 | 12 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 3 | 11 | \$566 | \$189 | \$51 | 4 |
| Assessments | | T1023 | | Encounter | 230 | 309 | \$267,414 | \$1,163 | \$865 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| CMH for Central Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 13 | 115 | \$10,605 | \$816 | \$92 | 9 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 14 | 89 | \$15,423 | \$1,102 | \$173 | 6 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 16 | 268 | \$5,303 | \$331 | \$20 | 17 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,968 | | \$8,040,564 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lead Prochasta: Engrand MDD PTS Abunder of come | Copper Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|----------------------|------------|----------|---------------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Local Popularian Footgoal AND PT (Prish and Section 1998) 10 10 10 10 10 10 10 1 | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 3 | 28 | \$27,962 | \$9,321 | \$999 | 9 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | · · · · · · · · · · · · · · · · · · · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | · · · · · · · · · · · · · · · · · · · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 6 | \$4,422 | \$4,422 | \$737 | 6 |
| Secrit Model Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT08 Announ | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital Acettle Community | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Imputent Hospital Ancillary Services - Room and Board | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquirient Hospital Ancillary Services - Leuve of Absence 0183 | Local Psychiatric Hospital/Acute Community | - | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Planmacy Impatient Hospital Ancillary Services - Medical Surgical Surgicials Impatient Hospital Ancillary Services - Andicalary Services - Andicalary Services - Andicalary Services - Andicalary Services - Laboratory Impatient Hospital Ancillary Services - Radiology Impatient Hospital Ancillary Services - Registratory Services Impatient Hospital Ancillary Services - Registratory Services Impatient Hospital Ancillary Services - Special Therapy Impatient Hospital Ancillary Services - Cocquitonal Therapy Impatient Hospital Ancillary Services - Special Therapy Impatient Hospital Ancillary Services - Andiology Impatient Hospital Ancillary Services - Planmacy Impatient Hospital Ancillary Services | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Medical Surgical Supplies of 2070-2272 # of items 0 0 0 50 50 50 50 50 and Devices and Device and Device and Device and Device and Device and Device and Devic | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hopital Ancillary Services - Radiology | Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Pulmoracy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Ph | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language O440-0444 # of treatments 0 0 0 S0 S0 S0 S0 Capational Therapy O450-0444 # of treatments 0 0 0 S0 S0 S0 S0 S0 Capational Hospital Ancillary Services - Speech-Language O440-0444 # of treatments 0 0 0 S0 S0 S0 S0 S0 S0 Capational Hospital Ancillary Services - Speech-Language O440-0444 # of treatments 0 0 0 S0 S0 S0 S0 S0 S0 Capational Hospital Ancillary Services - Pulmonary Function O460 # of tests 0 0 0 S0 S0 S0 S0 S0 S0 Capational Hospital Ancillary Services - Pulmonary Function O460 # of tests 0 0 0 S0 S0 S0 S0 S0 S0 S0 Capational Hospital Ancillary Services - Audiology O470-0472 # of tests 0 0 0 S0 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Specih-Language N440-0444 # of treatments 0 0 0 S0 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 # of tests 0 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 # of tests 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 6366 #of units 0 0 0 50 50 50 50 50 60 ECT Recovery Room 710 710 710 710 710 710 710 71 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of units 0 0 0 50 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| The patient Hospital Ancillary Services - EEG 0740 | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological O900, 0902-0904, | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 \$0 (| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 \$0 | Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Copper Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 9 | 9 | \$12,571 | \$1,397 | \$1,397 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 51 | 167 | \$25,179 | \$494 | \$151 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 39 | 104 | \$25,082 | \$643 | \$241 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Copper Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 48 | 167 | \$59,455 | \$1,239 | \$356 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 15 | 29 | \$4,897 | \$326 | \$169 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Copper Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Copper Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 1 | 1 | \$472 | \$472 | \$472 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$194 | \$194 | \$194 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 41 | 243 | \$86,000 | \$2,098 | \$354 | 6 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 13 | 21 | \$9,921 | \$763 | \$472 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 2 | 2 | \$870 | \$435 | \$435 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Copper Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Copper Country | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 1 | 1 | \$306 | \$306 | \$306 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 45 | 47 | \$21,661 | \$481 | \$461 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 3 | 3 | \$767 | \$256 | \$256 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 81 | 143 | \$31,616 | \$390 | \$221 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 19 | 953 | \$115,694 | \$6,089 | \$121 | 50 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | <u> </u> | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Copper Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 22 | 200 | \$30,354 | \$1,380 | \$152 | 9 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 2 | \$41 | \$41 | \$20 | 2 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 2 | 77 | \$4,009 | \$2,004 | \$52 | 39 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 7 | 14 | \$350 | \$50 | \$25 | 2 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Copper Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 3 | 18 | \$4,676 | \$1,559 | \$260 | 6 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 2 | 26 | \$1,354 | \$677 | \$52 | 13 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 2 | 2 | \$6,166 | \$3,083 | \$3,083 | 1 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 4 | 551 | \$2,154 | \$539 | \$4 | 138 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 8 | 24 | \$3,275 | \$409 | \$136 | 3 |
| Targeted Case Management | | T1017 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 5 | 10 | \$36,719 | \$7,344 | \$3,672 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Copper Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 3 | 28 | \$2,324 | \$775 | \$83 | 9 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 124 | | \$518,490 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 710 | 6,629 | \$4,199,290 | \$5,914 | \$633 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 4 | 34 | \$3,722 | \$930 | \$109 | 9 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | | PT68 | Days | 15 | 136 | \$89,550 | \$5,970 | \$658 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 5 | \$3,750 | \$3,750 | \$750 | 5 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 20 | \$13,000 | \$13,000 | \$650 | 20 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 18 | \$16,200 | \$16,200 | \$900 | 18 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 720 | 7,437 | \$2,082,190 | \$2,892 | \$280 | 10 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 67 | 83 | \$50,944 | \$760 | \$614 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 59 | 3,826 | \$131,525 | \$2,229 | \$34 | 65 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 59 | 25,515 | \$803,428 | \$13,617 | \$31 | 432 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 2 | \$17 | \$17 | \$9 | 2 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 1 | 6 | \$51 | \$51 | \$9 | 6 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 58 | 924 | \$67,434 | \$1,163 | \$73 | 16 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 57 | 2,197 | \$147,002 | \$2,579 | \$67 | 39 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 52 | 243 | \$34,125 | \$656 | \$140 | 5 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 2,841 | 2,944 | \$894,055 | \$315 | \$304 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 3,894 | 10,865 | \$1,004,722 | \$258 | \$92 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | - | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 4,181 | 17,922 | \$2,677,991 | \$641 | \$149 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Manusan Manusa | Detroit-Wayne Service Cotegory | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|--------------|------------|-----------|-----------------|-------|--------|-------------|-----------|-----------|-----------|
| Selection Conference of Computation (Computation Computation Com | Service Category | Revenue Code | | Wiodifici | | | | | | | |
| Second 988 | | | | | | | | | | | |
| Psycholegy for Crisis Dirick Misses 9859 | <u> </u> | | | HF | | | | | | | |
| Popular Person Popu | - | | | | | | | | | | |
| Patterny Faminy Septem S | | | | | | | | | | | |
| Sebasane Un Disorder Couputer Treament 0800, 0906, 0914 9884 Encounter 0 0 0 30 20 10 10 10 10 10 10 1 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 8 | 15 | \$1,340 | \$168 | \$89 | 2 |
| Part | Therapy-Family Therapy | | 90846 | | Encounter | 1,427 | 3,386 | \$420,032 | \$294 | \$124 | 2 |
| Substance Use Double's Outputient Treatment | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal P | Therapy-Family Therapy | | 90847 | | Encounter | 5,118 | 19,888 | \$2,732,214 | \$534 | \$137 | 4 |
| Purpage Purp | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sabstance Use Disorder: Outputient Treatment 0800, 0906, 0914, 0915 916, 0916, | Therapy-Family Therapy | | 90849 | | Encounter | 33 | 139 | \$5,900 | \$179 | \$42 | 4 |
| Petrapy | Therapy-Family Therapy | | 90849 | HS | Encounter | 56 | 327 | \$8,523 | \$152 | \$26 | 6 |
| Substance Use Disorder: Outparient Treatment | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patternactorigical Management (SED Waiter) | Therapy-Group Therapy | | 90853 | | Encounter | 816 | 3,857 | \$258,338 | \$317 | \$67 | 5 |
| Additional Codes ECT Physician 9870 Encounter 0 0 S0 50 80 0 Additional Codes ECT Physician 991 9870 Encounter 0 0 50 50 0 0 0 50 50 0 0 0 50 50 0 0 0 0 50 50 0 0 0 50 50 50 15 58,60 2 58,60 2 50 50 25 59,60 2 50 5 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Coder-ECT Physician 0901 09870 Encounter 10 0 1 80 80 80 80 80 80 80 80 80 80 80 80 80 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 5 75 \$4.875 \$975 \$65 15 Speech & Language Therapy 92508 Encounter 0 0 \$0 | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 50 50 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 169 | 291 | \$18,903 | \$112 | \$65 | 2 |
| Speech & Language Therapy 92521 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92522 Encounter 4 6 8880 \$220 \$147 2 Speech & Language Therapy 92523 Encounter 4 6 \$880 \$220 \$147 2 Speech & Language Therapy 92524 Encounter 0 0 \$0 | Speech & Language Therapy | | 92507 | | Encounter | 5 | 75 | \$4,875 | \$975 | \$65 | 15 |
| Speech & Language Therapy 92522 Encounter 0 0 \$50 \$50 \$50 \$6 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 4 6 8880 \$220 \$147 2 Speech & Language Therapy 92524 Encounter 0 0 \$0 < | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92526 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 0 Speech & Language Therapy 92608 Encounter 0 0 50 </td <td>Speech & Language Therapy</td> <td></td> <td>92522</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 9260 Encounter 0 0 50 <th< td=""><td>Speech & Language Therapy</td><td></td><td>92523</td><td></td><td>Encounter</td><td>4</td><td>6</td><td>\$880</td><td>\$220</td><td>\$147</td><td>2</td></th<> | Speech & Language Therapy | | 92523 | | Encounter | 4 | 6 | \$880 | \$220 | \$147 | 2 |
| Speech & Language Therapy 92607 First Hour 0 0 50 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 \$0 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 939 2,524 \$1,210,025 \$1,289 \$479 3 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 37 160 \$34,830 \$941 \$218 4 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 939 | 2,524 | \$1,210,025 | \$1,289 | \$479 | 3 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 37 | 160 | \$34,830 | \$941 | \$218 | 4 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 137 218 \$27,125 \$198 \$124 2 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 137 | 218 | \$27,125 | \$198 | \$124 | 2 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne | n a | | | Unit | | ** . | | | | *** |
|---|-------------------|-----------|---------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code HCPC | S Code Mo | odifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | 961 | 6 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | 961 | 8 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 961 | 8 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | 961 | 9 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 961 | 9 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | 9612 | 0 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | 9612 | 7 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | 963 | 2 | | Encounter | 9 | 47 | \$1,216 | \$135 | \$26 | 5 |
| Occupational or Physical Therapy | 971 | 0 | | 15 Minutes | 3 | 189 | \$3,780 | \$1,260 | \$20 | 63 |
| Occupational or Physical Therapy | 971 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 971 | 3 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 971 | 6 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9712 | 4 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9714 | 0 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 971: | 0 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9710 | 1 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9710 | 2 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9710 | 3 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9710 | 4 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9710 | 5 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9710 | 6 | | Encounter | 3 | 3 | \$360 | \$120 | \$120 | 1 |
| Occupational Therapy | 9710 | 7 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9710 | 8 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9753 | 0 | | 15 Minutes | 1 | 112 | \$3,758 | \$3,758 | \$34 | 112 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | 9753 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9753 | 3 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9753 | 5 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9753 | 7 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9754 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 977: | 0 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 977: | 5 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9770 | 0 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | 9770 | 2 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9770 | 3 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 9780 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 9780 | 3 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | 9780 | 4 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 978 | 0 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 978 | 1 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | 9920 | 1 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|--------|-------------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 1 | 1 | \$125 | \$125 | \$125 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 4 | 4 | \$640 | \$160 | \$160 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 73 | 73 | \$13,865 | \$190 | \$190 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 32 | 34 | \$1,645 | \$51 | \$48 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 675 | 1,820 | \$165,725 | \$246 | \$91 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 3,574 | 11,747 | \$1,822,656 | \$510 | \$155 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 1,888 | 5,001 | \$959,454 | \$508 | \$192 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 230 | 315 | \$64,347 | \$280 | \$204 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 1 | 1 | \$100 | \$100 | \$100 | 1 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 1 | 13 | \$1,300 | \$1,300 | \$100 | 13 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|--------|---------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 404 | 418 | \$69,507 | \$172 | \$166 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 145 | 1,244 | \$547,564 | \$3,776 | \$440 | 9 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 10,532 | 25,190 | \$5,894,437 | \$560 | \$234 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 193 | 195 | \$102,535 | \$531 | \$526 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 9,177 | 22,953 | \$4,316,430 | \$470 | \$188 | 3 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 376 | 783 | \$118,441 | \$315 | \$151 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 3 | 6 | \$195 | \$65 | \$33 | 2 |
| Home Based Services | | H0036 | | 15 Minutes | 2,518 | 280,570 | \$19,614,799 | \$7,790 | \$70 | 111 |
| Home Based Services | | H0036 | ST | 15 Minutes | 46 | 1,572 | \$110,037 | \$2,392 | \$70 | 34 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 54 | 392 | \$3,399 | \$63 | \$9 | 7 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 7 | 76 | \$608 | \$87 | \$8 | 11 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 1 | 2 | \$97 | \$97 | \$49 | 2 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 14 | 95 | \$9,410 | \$672 | \$99 | 7 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 9 | 11 | \$1,160 | \$129 | \$105 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 1,487 | 11,176 | \$427,299 | \$287 | \$38 | 8 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 9 | 123 | \$588 | \$65 | \$5 | 14 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 439 | 478,941 | \$2,747,730 | \$6,259 | \$6 | 1,091 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 192 | 57,594 | \$330,578 | \$1,722 | \$6 | 300 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 1 | 347 | \$26,618 | \$26,618 | \$77 | 347 |
| Behavior Services | | H2019 | | 15 Minutes | 2 | 14 | \$798 | \$399 | \$57 | 7 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 504 | 64,224 | \$6,101,375 | \$12,106 | \$95 | 127 |
| Wraparound (SED Waiver) | | H2022 | | Days | 44 | 554 | \$188,360 | \$4,281 | \$340 | 13 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 1 | 28 | \$198 | \$198 | \$7 | 28 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 63 | 4,451 | \$467,355 | \$7,418 | \$105 | 71 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|--------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Woullei | Measure | | | | | | |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 75 | 161 | \$28,329 | \$378 | \$176 | 2 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 271 | 2,618 | \$456,045 | \$1,683 | \$174 | 10 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 3 | 1,075 | \$329,806 | \$109,935 | \$307 | 358 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 243 | 559 | \$63,980 | \$263 | \$114 | 2 |
| Health Services | | S9446 | | Encounter | 1 | 1 | \$50 | \$50 | \$50 | 1 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 104 | 241 | \$170,387 | \$1,638 | \$707 | 2 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 217 | 219 | \$31,965 | \$147 | \$146 | 1 |
| Health Services | | T1002 | | Up to 15 min | 431 | 1,420 | \$53,250 | \$124 | \$38 | 3 |
| Respite Care | | T1005 | | 15 Minutes | 108 | 59,800 | \$296,852 | \$2,749 | \$5 | 554 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 9 | 1,123 | \$5,885 | \$654 | \$5 | 125 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 158 | 2,251 | \$127,833 | \$809 | \$57 | 14 |
| Targeted Case Management | | T1017 | | 15 minutes | 4,366 | 69,153 | \$5,279,570 | \$1,209 | \$76 | 16 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | • | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 0 | | | | <u> </u> | | 336 | | \$63 | \$56 | 1 |
| Assessments | | T1023 | | Encounter | 299 | 336 | \$18,801 | \$63 | \$56 | _ |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Detroit-Wayne | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|--------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 1 | 1 | \$62 | \$62 | \$62 | 1 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 8 | 96 | \$6,053 | \$757 | \$63 | 12 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | <u> </u> | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 13,497 | | \$72,012,858 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Genesee | | | | Unit | | | | | | |
|--|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 173 | 1,991 | \$1,401,014 | \$8,098 | \$704 | 12 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 112 | 900 | \$743,365 | \$6,637 | \$826 | 8 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | · | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 258 | 2,461 | \$828,693 | \$3,212 | \$337 | 10 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | - | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Page | Genesee | | | | Unit | _ | | _ | | | |
|---|--|--------------|------------|----------|------------------|-------|--------|-----------|-----------|-----------|-----------|
| Additional Cades FOT Asserbeiss 0004 Minutes 0 0 90 50 50 50 50 50 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Code-PCT Assorbation Open O | Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Comp Adaptive Delawing Treatment 0.557T U5 Each Additional D 0 0 0 50 50 50 50 50 | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Pollow-up Assessment 05627 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Accessment 016FT U5 First 30 Minutes 41 3,800 \$150,981 \$3,365 \$42. ABA Adaptive Treatment 016FT U5 First 30 Minutes 42 17,088 \$711,388 \$16,788 \$42. ABA Group Adaptive Behavior Treatment 036FT U5 First 30 Minutes 43 1,301 \$512,385 \$44. ABA Group Adaptive Behavior Treatment 036FT U5 First 30 Minutes 43 1,301 \$571,385 \$12,785 \$44. ABA Group Adaptive Behavior Treatment 036FT U5 First 30 Minutes 43 1,301 \$571,380 \$13,775 \$44. ABA Group Adaptive Behavior Treatment 036FT U5 First 30 Minutes 43 1,301 \$571,380 \$13,277 \$544. ABA Claup Adaptive Behavior Treatment 036FT U5 First 30 Minutes 43 1,301 \$571,380 \$13,277 \$544. ABA Claup Adaptive Behavior Treatment 036FT U5 First 30 Minutes 43 1,301 \$571,380 \$13,277 \$544. ABA Claup Adaptive Behavior Treatment Guidance 030FT U5 Beach Additional 30 43 1,200 \$556,473 \$1,313 \$557,480 \$13,277 \$544. ABA Claup Adaptive Behavior Treatment Guidance 030FT U5 Beach Additional 30 43 1,200 \$556,473 \$1,313 \$557,480 \$13,277 \$544. ABA Claup Adaptive Behavior Treatment Guidance 030FT U5 Becounter 030FT U5 Becounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 5 | ABA Behavior Identification Assessment | | 0359T | | Encounter | 38 | 51 | \$12,014 | \$316 | \$236 | 1 |
| Maintenance 10,667 | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Teatment 0365T U6 Each Additional 30 ABA Croup Adaptive Behavior Treatment 0366T U5 First 30 Minutes 28 2.888 \$127.385 \$4.549 \$54.4 ABA Croup Adaptive Behavior Treatment 0366T U5 Each Additional 30 20 485 \$31.501 \$57.0000 \$57.000 \$57.000 \$57.000 \$57.000 | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marcon M | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 44 | 3,800 | \$159,981 | \$3,636 | \$42 | 86 |
| ABA Group Adaptive Behavior Treatment 0367T US Each Additional 30 Mentes US First 30 Minutes US VI SECOUNTEY US VI SECOUNTEY US First 30 Minutes US VI SECOUNTEY US VI SECOUNTEY US First 30 Minutes US VI SECOUNTEY US VI SECOU | ABA Adaptive Treatment | | 0365T | U5 | | 44 | 17,058 | \$711,838 | \$16,178 | \$42 | 388 |
| MAC Clinical Observation and Direction of Adaptive Behavior 05067 U5 First 30 Minutes 1,301 557,040 51,327 544 | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 28 | 2,868 | \$127,385 | \$4,549 | \$44 | 102 |
| Pentamen | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 20 | 485 | \$21,501 | \$1,075 | \$44 | 24 |
| Pentmet | | | 0368T | U5 | First 30 Minutes | 43 | 1,301 | \$57,040 | \$1,327 | \$44 | 30 |
| ABA Family Behavior Treatment Guidance 0371T U5 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | | | 0369T | U5 | | 43 | 1,269 | \$56,473 | \$1,313 | \$45 | 30 |
| ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 S0 | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 23 | 67 | \$4,796 | \$209 | \$72 | 3 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 First 60 Minutes 0 0 0 50 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 50 50 50 50 Drug Screen | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen \$8036 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 Assessment 90791 Encounter 67 67 \$56,508 \$843 \$843 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 HF Encounter 397 402 \$162,732 \$410 \$405 Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 289 | 1,220 | \$85,792 | \$297 | \$70 | 4 |
| Assessment Sp0791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 67 | 67 | \$56,508 | \$843 | \$843 | 1 |
| Assessment 90792 HF Encounter 397 402 \$162,732 \$410 \$405 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 Mental Health: Outpatient Care 90832 30 Minutes 214 529 \$84,562 \$395 \$160 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 397 | 402 | \$162,732 | \$410 | \$405 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 214 529 \$84,562 \$395 \$160 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0919 90832 HF 30 Minutes 0 0 \$0 < | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9915, 0916, 0919 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 214 | 529 | \$84,562 | \$395 | \$160 | 2 |
| Mental Health: Outpatient Care 90834 45 Minutes 283 576 \$108,710 \$384 \$189 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ | Assessment | - | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 283 | 576 | \$108,710 | \$384 | \$189 | 2 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 7,0000 TO PRIMITION O O O O O O | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Membran Memb | Genesee | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|--------------|------------|-----------|-----------------|-------|-------|-----------|-----------|-----------|-------------|
| Selstante Clore Deceler Operation | Service Category | Revenue code | | Wiodilici | | | | | | | |
| Second S | · | | | | | | | | | | |
| Psychotherapy for Crisis Pain Minutes | | | | HF | | | - | • | | | |
| Popular Principal Princi | = | | | | | | | | | | |
| Minterps | - | | | | | | | • | | | |
| Sebasane University 1900, | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Therapy-Family Therapy | | 90846 | | Encounter | 178 | 332 | \$108,898 | \$612 | \$328 | 2 |
| Sabbanace Use Disorder Outputicent Treatment | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal P | Therapy-Family Therapy | | 90847 | | Encounter | 190 | 371 | \$131,631 | \$693 | \$355 | 2 |
| Substance (Scrip Disorder: Output Perturner) | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sabstance Une Disorder: Outputient Treatment 1000, 1000, 1001, | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Parturn Part | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patternactorigical Management (SED Waiter) | Therapy-Group Therapy | | 90853 | | Encounter | 22 | 149 | \$4,618 | \$210 | \$31 | 7 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-ECT Physician 9091 90870 Encounter 0 0 0 50 50 50 50 0 0 50 50 50 50 50 50 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92508 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92521 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 92523 Encounter 0 0 50 <td>Additional Codes-ECT Physician</td> <td>0901</td> <td>90870</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 50 50 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92522 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92523 Encounter 0 0 80 80 90 0 Speech & Language Therapy 92524 Encounter 0 0 80 90 <td>Speech & Language Therapy</td> <td></td> <td>92507</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9252 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92524 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 50 0 Speech & Language Therapy 92608 Ench Additional 30 bifunites 0 0 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92526 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 50 0 Speech & Language Therapy 92608 Encounter 0 0 50 </td <td>Speech & Language Therapy</td> <td></td> <td>92522</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 50 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 50 50 \$0 \$0 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 </td <td>Speech & Language Therapy</td> <td></td> <td>92524</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92610 Encounter 0 0 50 50 50 0 Psychological Testing PSYCH/PHYS 96101 Per Hour 1 2 5223 5223 5111 2 Assessment for Autism 96101 U5 Hour 103 329 \$31,924 \$310 \$97 3 Psychological Testing by Technician 96102 Per Hour 0 0 50 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 1 2 \$223 \$223 \$111 2 Assessment for Autism 96101 U5 Hour 103 329 \$31,924 \$310 \$97 3 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 103 329 \$31,924 \$310 \$97 3 Psychological Testing by Technician 96102 Per Hour 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 96102 U5 Hour 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Psychological Testing by Comp 96103 Per Hour 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Assessment-Other 96105 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 So \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 2 | \$223 | \$223 | \$111 | 2 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 103 | 329 | \$31,924 | \$310 | \$97 | 3 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Cuptopsey Revenue Coate DRCES Code Modifier Modifier Pro-Num 0 0 0 50 0.00 | Genesee | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Seminyesia as Pytopk Phys Seminyesia as Pytopk Phys Seminyesia as Pytopk Phys Seminyesia as Pytopk Semin | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mesence fire Authors | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nonespect for Maries 96119 197 | Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertance for Authins Sept. Most Mo | Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nonequebries Admin or Camp 96420 96420 97160 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Accounter-Other 96127 | Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Molication Administration | Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decomplantial of Physical Therapy | Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decapational or Physical Therapy | Medication Administration | | 96372 | | Encounter | 5 | 11 | \$793 | \$159 | \$72 | 2 |
| Decapational or Physical Therapy | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decupational or Physical Therapy | Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 1 | 1 | \$25 | \$25 | \$25 | 1 |
| Physical Therapy | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 Encounter 0 0 50 50 50 50 50 50 | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy | Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 50 50 50 50 0 | Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy 97533 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy 97535 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO SO O Occupational or Physical Therapy 97542 15 Minutes 0 0 SO SO SO SO O Occupational or Physical Therapy 97750 15 Minutes 0 0 SO | Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy (Note: Retired 12/31/17)</td> <td></td> <td>97532</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97533</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97535</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Prosth Use or Physical Therapy (Note: Prosth Use or Physical Therapy 97762 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 0 0 \$0 | | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 30 Minutes 0 0 \$ | Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 | Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Genesee | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 3 | 3 | \$186 | \$62 | \$62 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$29 | \$29 | \$29 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 35 | 45 | \$2,028 | \$58 | \$45 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 563 | 1,560 | \$170,370 | \$303 | \$109 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 764 | 2,373 | \$470,271 | \$616 | \$198 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 82 | 110 | \$46,703 | \$570 | \$425 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Genesee | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | - | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Genesee | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 1 | 71 | \$249 | \$249 | \$4 | 71 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 710 | 735 | \$315,027 | \$444 | \$429 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 2 | 2 | \$288 | \$144 | \$144 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 168 | 257 | \$93,058 | \$554 | \$362 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 2 | 6 | \$1,211 | \$605 | \$202 | 3 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 285 | 36,117 | \$2,297,074 | \$8,060 | \$64 | 127 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 29 | 53 | \$17,534 | \$605 | \$331 | 2 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Genesee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 101 | 497 | \$157,591 | \$1,560 | \$317 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 47 | 40,733 | \$192,347 | \$4,092 | \$5 | 867 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 26 | 1,185 | \$52,878 | \$2,034 | \$45 | 46 |
| Behavior Services | | H2019 | TT | 15 Minutes | 15 | 1,011 | \$37,373 | \$2,492 | \$37 | 67 |
| Wraparound | | H2021 | | 15 Minutes | 64 | 4,324 | \$478,530 | \$7,477 | \$111 | 68 |
| Wraparound (SED Waiver) | | H2022 | | Days | 25 | 396 | \$208,783 | \$8,351 | \$527 | 16 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 31 | 3,131 | \$589,255 | \$19,008 | \$188 | 101 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Genesee | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 94 | 247 | \$101,408 | \$1,079 | \$411 | 3 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 34 | 180 | \$189,507 | \$5,574 | \$1,053 | 5 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 1 | 1 | \$315 | \$315 | \$315 | 1 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 122 | 1,425 | \$240,863 | \$1,974 | \$169 | 12 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 402 | 257,874 | \$1,016,128 | \$2,528 | \$4 | 641 |
| Respite Care | | T1005 | TD | 15 Minutes | 2 | 1,119 | \$4,430 | \$2,215 | \$4 | 560 |
| Respite Care | | T1005 | TE | 15 Minutes | 1 | 990 | \$3,369 | \$3,369 | \$3 | 990 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 22 | 2,342 | \$7,180 | \$326 | \$3 | 106 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 892 | 5,195 | \$326,001 | \$365 | \$63 | 6 |
| Targeted Case Management | | T1017 | | 15 minutes | 1,368 | 46,749 | \$2,490,392 | \$1,820 | \$53 | 34 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 8 | 8 | \$11,081 | \$1,385 | \$1,385 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Genesee | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | <u>-</u> | | | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 2,168 | | \$14,963,557 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gogebic | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 6 | 38 | \$52,638 | \$8,773 | \$1,385 | 6 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 5 | \$6,926 | \$6,926 | \$1,385 | 5 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gogebic | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 18 | 18 | \$21,239 | \$1,180 | \$1,180 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 6 | 9 | \$1,141 | \$190 | \$127 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | - | 90834 | | 45 Minutes | 7 | 12 | \$2,332 | \$333 | \$194 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Selection Composite Core Selection S | Gogebic | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Selection (Computed Computed | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Section | Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 8 | 50 | \$13,148 | \$1,643 | \$263 | 6 |
| Pepthelicrypy for Crish Fase of Miners | Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Popular Perspans 9884 | Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Person Person Series S | Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Septembly Theory 900, 900, 900, 901 908 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspay Perspay Sept | Therapy-Family Therapy | | 90846 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Septemble December Opensione Treatment Opensione Opens | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Percept Percept 9849 Secourser 0 0 0 0 0 0 0 0 0 | Therapy-Family Therapy | | 90847 | | Encounter | 4 | 15 | \$3,575 | \$894 | \$238 | 4 |
| Pursepy Flandy Therapy 98849 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partury 1985 | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sabstance Use Disorder Outpatient Treatment (900, 6006, 6914, 1918) 98885 HF Encounter 0 0 S0 50 50 Pharmacological Manageneru (SED Waiver) 90863 Encounter 0 0 50 50 50 50 Aldificand Code-ECT Physician 90870 Encounter 0 0 50 50 50 50 Assessments-Other 90887 Encounter 0 0 50 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patranscological Management (SED Wairer) 90863 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes ECT Physician 90870 Encounter 0 0 80 80 80 Additional Codes ECT Physician 0901 9070 Encounter 0 0 80 80 50 50 Speech & Language Therapy 92507 Encounter 0 0 50 50 50 50 Speech & Language Therapy 92508 Encounter 0 0 50 50 50 50 Speech & Language Therapy 92521 Encounter 0 0 5 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes ECT Physician 0901 90870 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 \$0 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 \$0 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 0 0 \$0 \$0 \$0 \$0 \$0 \$ | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 \$0 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 50 50 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 1 4 \$521 \$521 \$130 Assessment for Autism Assessment for Autism 96101 U5 Hour 0 0 \$0 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 50 \$0 \$0 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 50 \$0 \$0 Assessment for Autism 96102 U5 Hour 0 0 \$0 | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 4 | \$521 | \$521 | \$130 | 4 |
| Assessment for Autism 96102 U5 Hour 0 0 50 \$0 \$0 Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 \$0 \$0 \$0 Assessments-Other 96110 Encounter 0 0 \$0 <t< td=""><td>Assessment for Autism</td><td></td><td>96102</td><td>U5</td><td>Hour</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<> | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gogebic | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gogebic | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 29 | 97 | \$48,174 | \$1,661 | \$497 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 5 | 12 | \$9,899 | \$1,980 | \$825 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Gogebic | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gogebic | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 2 | 2 | \$409 | \$204 | \$204 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 14 | 16 | \$6,043 | \$432 | \$378 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 49 | 57 | \$10,164 | \$207 | \$178 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 2 | 2 | \$357 | \$178 | \$178 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 32 | 3,262 | \$243,319 | \$7,604 | \$75 | 102 |
| Home Based Services | | H0036 | ST | 15 Minutes | 3 | 64 | \$4,825 | \$1,608 | \$75 | 21 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gogebic | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | | 15 Minutes | 36 | 300 | \$15,951 | \$443 | \$53 | 8 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 35 | \$381 | \$381 | \$11 | 35 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound | | H2021 | | 15 Minutes | 6 | 364 | \$26,934 | \$4,489 | \$74 | 6 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 31 | 112 | \$1,478 | \$48 | \$13 | 4 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | (|
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gogebic | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 1 | 4 | \$1,294 | \$1,294 | \$324 | 4 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 12 | 147 | \$47,562 | \$3,964 | \$324 | 12 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 6 | 209 | \$15,694 | \$2,616 | \$75 | 35 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 6 | 1,727 | \$4,707 | \$785 | \$3 | 288 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 4 | 49 | \$3,132 | \$783 | \$64 | 12 |
| Targeted Case Management | | T1017 | | 15 minutes | 40 | 1,125 | \$73,814 | \$1,845 | \$66 | 28 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 7 | 10 | \$3,319 | \$474 | \$332 | 1 |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gogebic | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 6 | 44 | \$1,072 | \$179 | \$24 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | · | · | | | 91 | · | \$620,048 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gratiot | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 19 | 204 | \$477,072 | \$25,109 | \$2,339 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 1 | 6 | \$22,022 | \$22,022 | \$3,670 | 6 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 3 | 44 | \$27,132 | \$9,044 | \$617 | 15 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 4 | 32 | \$17,804 | \$4,451 | \$556 | 8 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Particul Equipal Ministry Services - Other Thorsposit Services 1901 | Gratiot | | | | Unit | | | | | | |
|---|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Additional Condes-ECT Assenderia (950) (01194 Minures 0 0 0 930 50 50 50 50 50 50 50 50 50 50 50 50 50 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Marine Color-ECT Aucellacia 098 098 590 590 590 590 590 590 580 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Delayors destilication Assessment | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA R. Belhaviscral Follow-up Assessment | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA A Behavisoral Follow-up Assessment | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 3 | 3 | \$1,133 | \$378 | \$378 | 1 |
| Make Adaptive Protestment Make Adaptive Behavior Protestment Guidance Make Adaptive Behavior Protestment Social Milki Group Make Adapt | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Petawor Treatment | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment 0567 U5 Feach Additional 30 I 1 5.55 5.65 5.65 ABA Corona Adaptive Behavior Treatment 0567 U5 Each Additional 30 I 4 524 5284 571 ABA Clinical Observation and Direction of Adaptive Behavior Treatment 05687 U5 Fear Munture ABA Clinical Observation and Direction of Adaptive Behavior Treatment 05697 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 Treatment 05697 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 Treatment 105697 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 Treatment 105697 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 Treatment 105697 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 Treatment 105697 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 Treatment 105697 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 Treatment 105797 U5 Each Additional 30 4 59 \$4,283 \$1,071 \$73 ABA Family Behavior Treatment Goldance 1073717 U5 Eacounter 108797 U5 Each Additional 30 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1073717 U5 Eacounter 107371 U5 Eacounter 10749 U5 Each Additional 30 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1073717 U5 Eacounter 10749 U5 Each Additional 30 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 107371 U5 Eacounter 10749 U5 Eacounter 10749 U5 Eacounter 10749 U5 Each Additional 30 0 0 0 50 50 50 50 Drug Screen 10749 U5 Eacounter 10849 U5 | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 3 | 88 | \$3,646 | \$1,215 | \$41 | 29 |
| ABA Group Adaptive Behavior Treatment 1086T 105 | ABA Adaptive Treatment | | 0365T | U5 | | 3 | 680 | \$27,837 | \$9,279 | \$41 | 227 |
| MAN Clinical Observation and Direction of Adaptive Behavior 0368T U5 First 30 Minutes 2 5 5 5 5 5 5 5 5 5 | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 1 | \$65 | \$65 | \$65 | 1 |
| Part | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 1 | 4 | \$284 | \$284 | \$71 | 4 |
| Minutes | | | 0368T | U5 | First 30 Minutes | 4 | 29 | \$2,156 | \$539 | \$74 | 7 |
| ABA Family Behavior Treatment Guidance | | | 0369T | U5 | | 4 | 59 | \$4,283 | \$1,071 | \$73 | 15 |
| ABA Adaptive Behavior Treatment Social Skills Group | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 50 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 50 50 50 50 Minutes 0 0 0 50 50 50 Drug Screen 80305 Encounter 0 0 0 50 50 50 Drug Screen 80306 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 50 50 50 Interactive Complexity - Add On Code 90785 U5 Encounter 0 0 50 50 50 Assessment for Autism 90785 HF Encounter 0 0 50 50 50 Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90791 U5 Encounter 0 0 50 50 50 Assessment 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 HF Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 0 50 50 Assessment 90792 U5 Encounter 0 0 0 50 50 Assessment 90792 U5 Encounter 0 0 0 50 50 Assessmen | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80305 Encounter 0 0 \$0 <td>ABA Exposure Adaptive Behavior Treatment</td> <td></td> <td>0373T</td> <td>U5</td> <td>First 60 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 <td>ABA Exposure Adaptive Behavior Treatment</td> <td></td> <td>0374T</td> <td>U5</td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 <td>Drug Screen</td> <td></td> <td>80305</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code 90785 Encounter 21 122 \$6,502 \$310 \$53 Assessment for Autism 90785 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 Assessment 90791 Encounter 0 0 0 \$0 \$0 \$0 \$0 Substance Use: Assessment 90791 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 Encounter 23 24 \$7,321 \$318 \$305 Substance Use: Assessment 90792 HF Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 HF Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment 90792 U5 Encounter 0 0 0 0 \$0 \$0 \$0 Assessment 90792 U5 Encounter 0 0 0 0 \$0 \$0 \$0 Assessment 90792 U5 Encounter 0 0 0 0 0 \$0 \$0 Assessment 90792 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 21 | 122 | \$6,502 | \$310 | \$53 | 6 |
| Assessment 90791 Encounter 0 0 50 \$0 \$0 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 < | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 \$0 \$0 Assessment 90792 Encounter 23 24 \$7,321 \$318 \$305 Substance Use: Assessment 90792 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 34 71 \$8,559 \$252 \$121 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 Assessment 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 Encounter 23 24 \$7,321 \$318 \$305 Substance Use: Assessment 90792 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90792 Encounter 23 24 \$7,321 \$318 \$305 Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 50 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 34 71 \$8,559 \$252 \$121 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Assessment 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 50 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 34 71 \$8,559 \$252 \$121 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 | Assessment | | 90792 | | Encounter | 23 | 24 | \$7,321 | \$318 | \$305 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 34 71 \$8,559 \$252 \$121 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 <td< td=""><td>Substance Use: Assessment</td><td></td><td>90792</td><td>HF</td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<> | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Assessment 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90792 | U5 | Encounter | | 0 | \$0 | | \$0 | 0 |
| 0915, 0916, 0919 Assessment 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | | 71 | \$8,559 | \$252 | \$121 | 2 |
| | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care 90834 45 Minutes 80 505 \$69,924 \$874 \$138 | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 80 | 505 | \$69,924 | \$874 | \$138 | 6 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 < | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gratiot | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Reveilue Code | | Wodillei | Measure | | | | | | |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 74 | 229 | \$45,775 | \$619 | \$200 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 11 | 41 | \$6,049 | \$550 | \$148 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 3 | 11 | \$1,382 | \$461 | \$126 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 7 | 30 | \$3,769 | \$538 | \$126 | 4 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 1 | 9 | \$731 | \$731 | \$81 | 9 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 20 | 117 | \$18,492 | \$925 | \$158 | 6 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gratiot | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 2 | 11 | \$409 | \$205 | \$37 | 6 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 1 | 18 | \$589 | \$589 | \$33 | 18 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gratiot | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 11 | 14 | \$1,681 | \$153 | \$120 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 24 | 56 | \$9,090 | \$379 | \$162 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 3 | 5 | \$1,002 | \$334 | \$200 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 1 | 1 | \$156 | \$156 | \$156 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 2 | 14 | \$823 | \$412 | \$59 | 7 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 2 | 5 | \$457 | \$229 | \$91 | 3 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 2 | 2 | \$183 | \$92 | \$92 | 1 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gratiot | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gratiot | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 62 | 68 | \$14,185 | \$229 | \$209 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 238 | 256 | \$38,578 | \$162 | \$151 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 223 | 323 | \$41,502 | \$186 | \$128 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 78 | 7,297 | \$321,855 | \$4,126 | \$44 | 94 |
| Home Based Services | | H0036 | ST | 15 Minutes | 6 | 9,444 | \$33,938 | \$5,656 | \$4 | 1,574 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gratiot | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 39 | 111 | \$6,042 | \$155 | \$54 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 469 | \$10,967 | \$5,484 | \$23 | 235 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 2 | 28 | \$1,600 | \$800 | \$57 | 14 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 1 | 11 | \$400 | \$400 | \$36 | 11 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gratiot | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 5 | 82 | \$14,644 | \$2,929 | \$179 | 16 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 2 | 2,640 | \$51,893 | \$25,947 | \$20 | 1,320 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 10 | 97 | \$3,298 | \$330 | \$34 | 10 |
| Targeted Case Management | | T1017 | | 15 minutes | 46 | 1,106 | \$58,025 | \$1,261 | \$52 | 24 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 58 | 79 | \$7,535 | \$130 | \$95 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Gratiot | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 2 | 13 | \$705 | \$353 | \$54 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,142 | | \$1,371,495 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Control Physioner (Separation D 1708 bended per dom 0100 | Hiawatha Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|----------------------|------------|----------|---------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Lead Psychiatric Rogania MDP Pf Shamaris Rogania MDP | | 0100 | | PT68 | | 15 | 200 | \$163 335 | \$10.880 | \$782 | 1/1 |
| | · | | | | · · · · · · · · · · · · · · · · · · · | | | ,, | | | 0 |
| Local Psychiatric Reposital ADD PETSIOPSY colors on enclased 014, 0124, 0134, 01 | , I | | 154 | | • | | | | | | 0 |
| Local Psychiatric Hospital Aceter Community PT73 personal (2000 PT73 Days | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | 0 |
| Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | | | | <u>*</u> | | | | | | 9 |
| Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT08 | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital Accute Community | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 1 | 8 | \$3,344 | \$3,344 | \$418 | 8 |
| Inquistic Hospital Aucillary Services - Room and Board 0144 Days 0 0 50 50 50 50 50 50 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Leave of Absence 0.183 0.295 0.0 0 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Pharmacy Impatient Hospital Ancillary Services - Medical Surgical Supplies and Devices Impatient Hospital Ancillary Services - Laboratory Impatient Hospital Ancillary Services - Replicatory Services Impatient Hospital Ancillary Services - Replicatory Services Impatient Hospital Ancillary Services - Physical Therapy Impatient Hospital Ancillary Services - Special Therapy Impatient Hospital Ancillary Services - Pulmonary Function Impatient Hospital Ancillary Services - Pulmonary Function Impatient Hospital Ancillary Services - Pulmonary Function Impatient Hospital Ancillary Services - Audology Impatient Hospital Ancillary Services - Audology Impatient Hospital Ancillary Services - Pulmonary Function Impatient Hospital Ancillary Servic | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Medical/Surgical Surgicials Surgicial Surgicia | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Regiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0.30-0.434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Colore Col | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Technology | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 90 90 90 90 90 90 90 | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 0 | Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Capeary Revenue Cole BCRES COM Modern Modern Cape | Hiawatha | | | | Unit | | | | | | |
|---|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Additional Color Lett Chareletinis (90) (91) Minnete (0 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes CCT Accordance 690 6910 51 5 5 5 5 5 5 5 5 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Delarkive Mentification Auscenamer | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAS Meanward Notwer personners | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Delinited Policy up Ansenment | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 1 | 1 | \$858 | \$858 | \$858 | 1 |
| Minute M | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 1 | 2 | \$430 | \$430 | \$215 | 2 |
| ABA Adaptive Treatment Fourment | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 1 | 2 | \$430 | \$430 | \$215 | 2 |
| MAIA Group Adaptive Behavior Freatment 9697 | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Croup Adaptive Behavior Treatment 0367T US Each Addisonal One Decision of Adaptive Behavior Treatment 0368T US First 30 Minutes 0 0 0 0 S0 S0 S0 S0 S0 S0 S | ABA Adaptive Treatment | | 0365T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marcian Marc | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Persistent Per | | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance 0371T U5 Encounter 0 0 0 50 50 50 50 0 0 ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 0 0 0 50 50 50 50 0 ABA Adaptive Behavior Treatment 0373T U5 Encounter 0 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Drug Screen 1 50 50 50 50 50 0 Drug Screen 1 50 50 50 50 50 0 Drug Screen 1 50 50 50 50 50 50 50 0 Drug Screen 1 50 50 50 50 50 50 50 50 50 50 50 50 50 | | | 0369T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Exh Additional 30 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment U5 Exh Additional 30 0 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment U5 Exh Additional 30 0 0 0 50 50 50 50 0 Drug Screen 80305 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 90785 U5 Encounter 0 0 0 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 50 0 Drug Screen 1 0 0 50 50 50 50 50 50 50 50 50 50 50 50 | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 60 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 60 ABA Exposure Adaptive Behavior Treatment 0 00 50 50 50 50 00 Drug Screen 80305 Encounter 0 0 0 50 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Interactive Complexity - Add On Code 90785 Encounter 0 0 0 50 50 50 50 60 Assessment for Autism 90785 U5 Encounter 0 0 0 50 50 50 50 60 Assessment Graduism Assessment 90791 Encounter 0 0 50 50 50 50 60 Assessment 90791 HF Encounter 0 0 50 50 50 50 60 Assessment 90791 HF Encounter 0 0 50 50 50 50 60 Assessment for Autism 90791 HF Encounter 0 0 50 50 50 50 60 Assessment for Autism 4 Assessment for Autism 90791 HF Encounter 0 0 50 50 50 50 60 Assessment for Autism 4 Assessment for Autism 90791 HF Encounter 0 0 50 50 50 50 60 Assessment for Autism 6 50 60 Assessment for Autism 90791 HF Encounter 0 0 50 50 50 50 60 Assessment for Autism 6 60 60 60 60 60 60 60 60 60 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 80305 Each Additional 30 Drug Screen 80305 Encounter 0 0 0 0 0 0 0 0 0 0 0 0 0 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 0 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 0 Assessment 90792 HF Encounter 1 1 \$1,119 \$ | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 1 1 \$1,119 \$1, | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 1 | 1 | \$1,119 | \$1,119 | \$1,119 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 69 159 \$17,410 \$252 \$109 2 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0919 90832 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915 90832 HF 30 Minutes 0 0 \$0 < | Assessment for Autism | | 90792 | U5 | Encounter | | | \$0 | | \$0 | 0 |
| Assessment 9015, 0916, 0919 Assessment 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | | 159 | \$17,410 | \$252 | \$109 | 2 |
| Mental Health: Outpatient Care 90834 45 Minutes 108 457 \$81,099 \$751 \$177 4 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 < | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 108 | 457 | \$81,099 | \$751 | \$177 | 4 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Hiawatha | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 125 | 585 | \$133,086 | \$1,065 | \$227 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 2 | 2 | \$458 | \$229 | \$229 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | - | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Hiawatha | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Hiawatha | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 1 | 1 | \$735 | \$735 | \$735 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 40 | 40 | \$44,202 | \$1,105 | \$1,105 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 19 | 23 | \$6,545 | \$344 | \$285 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 68 | 222 | \$85,871 | \$1,263 | \$387 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 3 | 3 | \$1,833 | \$611 | \$611 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 1 | 1 | \$223 | \$223 | \$223 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 1 | 1 | \$64 | \$64 | \$64 | 1 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 1 | 1 | \$171 | \$171 | \$171 | 1 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Hiawatha | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Hiawatha | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 1 | 1 | \$212 | \$212 | \$212 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 151 | 158 | \$43,803 | \$290 | \$277 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 1 | 1 | \$523 | \$523 | \$523 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 153 | 350 | \$40,214 | \$263 | \$115 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 1 | 4 | \$624 | \$624 | \$156 | 4 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | · | H0036 | | 15 Minutes | 15 | 1,155 | \$115,825 | \$7,722 | \$100 | 77 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | - | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Hiawatha | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 98 | 485 | \$68,097 | \$695 | \$140 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 1 | 2 | \$281 | \$281 | \$140 | 2 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 8 | 647 | \$6,296 | \$787 | \$10 | 81 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 2 | 266 | \$27,326 | \$13,663 | \$103 | 133 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 81 | 289 | \$0 | \$0 | \$0 | 4 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Hiawatha | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 7 | 57 | \$1,622 | \$232 | \$28 | 8 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 5 | 39 | \$1,178 | \$236 | \$30 | 8 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 18 | 1,066 | \$107,473 | \$5,971 | \$101 | 59 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 1 | 2 | \$520 | \$520 | \$260 | 2 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 1 | 1 | \$260 | \$260 | \$260 | 1 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 1 | 184 | \$568 | \$568 | \$3 | 184 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 33 | 376 | \$66,003 | \$2,000 | \$176 | 11 |
| Targeted Case Management | | T1017 | | 15 minutes | 16 | 228 | \$39,494 | \$2,468 | \$173 | 14 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 26 | 40 | \$26,765 | \$1,029 | \$669 | 2 |
| - | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Hiawatha | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 288 | | \$1,116,427 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Local Psychiants Religion (1997) Profession (1 | Huron Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|----------------------|------------|----------|---------------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Local Psychiants Religion (1997) Profession (1 | | 0100 | | PT68 | Days | 8 | 54 | \$43.117 | \$5,390 | \$798 | 7 |
| Load Psychiatric Risopath MD PFOlephysian consciouded 0114 (1074), 0114 (1074) PF08 Doys 0 0 9 50 50 50 | · | | | | · · · · · · · · · · · · · · · · · · · | | | | | | 0 |
| Load Psychianic Rioppial Abour Trophysician contended 0114, 0134, 01 | , I | | 154 | | · · · · · · · · · · · · · · · · · · · | | | | | | 0 |
| Part | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | 0 |
| Per | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | * | 13 | 107 | \$89,230 | \$6,864 | \$834 | 8 |
| Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT08 | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital Acester Community | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Imputient Hospital Auxillary Services - Room and Board | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquitient Hospital Ancillary Services - Leave of Absence 0183 Days 0 0 0 50 50 50 50 0 0 1 1 1 1 1 1 1 1 1 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 0 0 0 50 50 50 50 0 1 1 1 1 1 1 1 1 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Medical/Surgical Surgicies 0270-0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0.330-0.434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Specich-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Colora Col | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Strike Pharmacy 0636 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 0 0 0 0 0 0 0 0 0 | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| The state of the s | Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Huron | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|-------------|----------|-------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | | rieres code | Wodilici | Measure | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | 20101 | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0004 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 8 | 10 | \$4,286 | \$536 | \$429 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 12 | 1,172 | \$33,693 | \$2,808 | \$29 | 98 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 12 | 13,685 | \$394,864 | \$32,905 | \$29 | 1,140 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 11 | 123 | \$7,069 | \$643 | \$57 | 11 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 9 | 559 | \$32,337 | \$3,593 | \$58 | 62 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 7 | 83 | \$9,423 | \$1,346 | \$114 | 12 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 58 | 58 | \$69,559 | \$1,199 | \$1,199 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 22 | 29 | \$3,611 | \$164 | \$125 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 88 | 354 | \$67,111 | \$763 | \$190 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | * * | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| - | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Huron | D | Hanaa a I | M. PC | Unit | 0 | *** | G . | G ./G | 0 | 11 : (0 |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 33 | 61 | \$15,673 | \$475 | \$257 | 2 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 1 | 5 | \$413 | \$413 | \$83 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 1 | 4 | \$182 | \$182 | \$45 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 4 | 8 | \$1,225 | \$306 | \$153 | 2 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Huron | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Huron | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 2 | 6 | \$780 | \$390 | \$130 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 89 | 385 | \$114,892 | \$1,291 | \$298 | 4 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 5 | 7 | \$4,926 | \$985 | \$704 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 1 | 1 | \$722 | \$722 | \$722 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Huron | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Huron | | | | Unit | | | | | | |
|--|---------------------------------------|------------|---------------------------------------|---------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 159 | 162 | \$38,568 | \$243 | \$238 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 18 | 20 | \$5,414 | \$301 | \$271 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 113 | 269 | \$41,113 | \$364 | \$153 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 42 | 44 | \$5,269 | \$125 | \$120 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 18 | 20 | \$4,787 | \$266 | \$239 | 1 |
| Home Based Services | | H0036 | | 15 Minutes | 67 | 6,571 | \$332,857 | \$4,968 | \$51 | 98 |
| Home Based Services | | H0036 | ST | 15 Minutes | 3 | 91 | \$6,825 | \$2,275 | \$75 | 30 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 2 | 22 | \$1,070 | \$535 | \$49 | 11 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service CategoryRevenue CodeHCPCS CodeModifierMeasureCasesUnitsAssertive Community Treatment (ACT)H003915 Minutes00Assertive Community Treatment (ACT)H0039TG15 Minutes00Community Living Supports in Independent living/own homeH0043Per Diem00Community Living Supports in Independent living/own homeH0043TFPer Diem00Community Living Supports in Independent living/own homeH0043TGPer Diem00Community Living Supports in Independent living/own homeH0043TTPer Diem00Community Living Supports in Independent living/own homeH0043TTPer Diem00Community Living Supports in Independent living/own homeH0043TF/TTPer Diem00 | Cost \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Cost/Case \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Cost/Unit \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Unit/Case 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
|--|---|---|--|--|
| Assertive Community Treatment (ACT) H0039 TG 15 Minutes 0 0 0 Community Living Supports in Independent living/own home H0043 TF Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 0 |
| Community Living Supports in Independent living/own home H0043 TF Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$112 | 0 0 0 0 0 0 0 |
| Community Living Supports in Independent living/own home H0043 TF Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$719 | \$0 \$0 \$0 \$0 \$0 \$0 \$112 \$0 | 0 0 0 0 0 0 |
| Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$6,469 \$0 | \$0 \$0 \$0 \$0 \$0 \$719 | \$0 \$0 \$0 \$0 \$112 \$0 | 0 0 0 0 |
| Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 | \$0 \$0 \$0 \$6,469 \$0 \$0 | \$0 \$0 \$0 \$719 \$0 | \$0 \$0 \$0 \$112 \$0 | 0 0 0 6 |
| Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 | \$0 \$0 \$6,469 \$0 \$0 | \$0 \$0 \$719 \$0 | \$0 \$0 \$112 \$0 | 0 0 6 |
| | \$0 \$6,469 \$0 \$0 | \$0 \$719 \$0 | \$0 \$112 \$0 | 6 |
| | \$6,469 \$0 \$0 | \$719 \$0 | \$112 \$0 | 6 |
| Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 | \$0 \$0 | \$0 | \$0 | |
| Respite H0045 Days 9 58 | \$0 | | | 0 |
| Peer Directed and Operated Support Services H0046 Encounter 0 0 | | \$0 | \$0 | |
| Substance Use Disorder: Laboratory H0048 Encounter 0 0 | \$0 | | 7.7 | 0 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 H0050 15 Minutes 0 0 | | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review H2000 Encounter 2 6 | \$417 | \$208 | \$69 | 3 |
| Behavior Treatment Plan Review - Monitoring Activities H2000 TS Encounter 2 4 | \$206 | \$103 | \$51 | 2 |
| Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention H2011 15 Minutes 25 67 | \$9,977 | \$399 | \$149 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention H2011 TJ 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation H2014 15 minutes 18 617 | \$30,596 | \$1,700 | \$50 | 34 |
| Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) H2015 15 Minutes 2 669 | \$1,774 | \$887 | \$3 | 335 |
| Community Living Supports (15 Minutes) H2015 TT 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) H2016 Per Diem 0 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services H2019 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services H2019 TT 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound H2021 15 Minutes 18 1,011 | \$90,520 | \$5,029 | \$90 | 56 |
| Wraparound (SED Waiver) H2022 Days 0 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) H2022 TT Days 0 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services H2023 15 minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy H2027 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0914, 0915, 0915, 0916, 0919 HF 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs H2030 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services H2033 15 Minutes 0 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing H2034 Days 0 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, H2035 HF Hour 0 0 0 0 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 0 1 0 0 0 0 1 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, H2036 HF Per Diem 0 0 0 0 0915, 0916, 0919 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee Q3014 GT Per Service 0 0 | \$0 | \$0 | \$0 | 0 |
| Transportation S0209 Per Mile 0 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Huron | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 13 | 187 | \$58,547 | \$4,504 | \$313 | 14 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 10 | 8,102 | \$22,747 | \$2,275 | \$3 | 810 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 18 | 327 | \$17,178 | \$954 | \$53 | 18 |
| Targeted Case Management | | T1017 | | 15 minutes | 39 | 1,242 | \$62,099 | \$1,592 | \$50 | 32 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 49 | 81 | \$37,968 | \$775 | \$469 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Category Prevention Services - Direct Model Enhanced Medical Supplies or Pharmacy | Revenue Code | HCPCS Code T1027 T1999 | Modifier | Unit Measure 15 Minutes | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--|------------------------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| | | T1999 | | 15 Minutes | 0 | 0 | | | | |
| Enhanced Medical Supplies or Pharmacy | | | | | U | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 17 | 117 | \$10,120 | \$595 | \$86 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | <u>- </u> | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 228 | | \$1,677,632 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Ionia | | | | Unit | | | | | | |
|--|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 12 | 107 | \$100,027 | \$8,336 | \$935 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 1 | 8 | \$2,527 | \$2,527 | \$316 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 2 | 13 | \$7,250 | \$3,625 | \$558 | 7 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 3 | 21 | \$17,430 | \$5,810 | \$830 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Ionia | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 2 | 2 | \$155 | \$78 | \$78 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 1 | 1 | \$49 | \$49 | \$49 | 1 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 1 | 10 | \$464 | \$464 | \$46 | 10 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 1 | 44 | \$1,974 | \$1,974 | \$45 | 44 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 1 | 8 | \$391 | \$391 | \$49 | 8 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 1 | 16 | \$782 | \$782 | \$49 | 16 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 2 | 6 | \$333 | \$167 | \$56 | 3 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 1 | 22 | \$3,203 | \$3,203 | \$146 | 22 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 116 | 116 | \$80,658 | \$695 | \$695 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 1 | 1 | \$725 | \$725 | \$725 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 49 | 80 | \$4,532 | \$92 | \$57 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 91 | 183 | \$16,903 | \$186 | \$92 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Selectar Content Con | Ionia | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Settente (| | Revenue Code | | Modifier | | | | | | | |
| Personation 988 | - | | | | | | | | | | 5 |
| Pepthebragy for Criss Per of Missons | Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | | 0 | | | \$0 | 0 |
| Popular Principle 1988 | = | | | | | | | | | | 0 |
| Princys | Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | | 0 | | | | 0 |
| Separate Use Disorder: Outputsed Treatment 0000, 00000, 0000, 00000, 0000, 0000, 00000, 0000, 00000, 0000, 00000, 00000, 00000, 00000, 00000, 0000 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspan Pers | Therapy-Family Therapy | | 90846 | | Encounter | 43 | 81 | \$8,532 | \$198 | \$105 | 2 |
| Septemble Note Note Note Note Note Note Note Not | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Persept Femily Therapy | Therapy-Family Therapy | | 90847 | | Encounter | 93 | 298 | \$34,528 | \$371 | \$116 | 3 |
| Person Therapy Founds Founds Person | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Coupstient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partury 1985 | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Une Disorder Outpatient Treatment 1900, 1906, 1914, 19085 1918 191 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patranscological Management (SED Waire) 9086 | Therapy-Group Therapy | | 90853 | | Encounter | 20 | 104 | \$2,718 | \$136 | \$26 | 5 |
| Additional Codes-ECT Physician 9870 Encounter 0 0 \$50 \$50 \$0 Additional Codes-ECT Physician 991 9870 Encounter 0 0 \$50 \$50 \$0 0 Speech & Language Therapy 92507 Encounter 0 0 \$50 \$50 \$50 \$60 \$60 \$60 \$50 \$50 \$60 \$60 \$60 \$60 \$50 \$50 \$60 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 0 50 50 50 50 0 0 Assessments-Other 90887 Encounter 0 0 0 50 50 50 50 50 0 50 50 50 50 50 5 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 50 50 50 50 50 50 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 0 50 50 50 0 0 5 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9252 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92524 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 bifunites 0 0 50 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92526 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92607 First Hour 0 0 80 80 80 80 90 Speech & Language Therapy 92608 Each Additional 30 or Winters 0 0 80< | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9256 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 \$0 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 1 3 \$328 \$328 \$109 3 Assessment for Autism 96101 U5 Hour 1 3 \$770 \$770 \$257 3 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 1 3 \$770 \$770 \$257 3 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 < | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,149 \$1,149 \$230 \$5 Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 3 | \$328 | \$328 | \$109 | 3 |
| Assessment for Autism 96102 U5 Hour 1 5 \$1,149 \$1,149 \$230 5 Psychological Testing by Comp 96103 Per Hour 0 0 \$0 <td< td=""><td>Assessment for Autism</td><td></td><td>96101</td><td>U5</td><td>Hour</td><td>1</td><td>3</td><td>\$770</td><td>\$770</td><td>\$257</td><td>3</td></td<> | Assessment for Autism | | 96101 | U5 | Hour | 1 | 3 | \$770 | \$770 | \$257 | 3 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 1_ | 5 | \$1,149 | \$1,149 | \$230 | 5 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Category Neurobehavioral Status Exam Neuropsych test by Psych/Phys Assessment for Autism Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | Revenue Code HCPCS Code 96116 96118 96118 96119 96119 96120 96127 96372 | Modifier U5 U5 | Measure Per Hour Per Hour Hour Per Hour | Cases 0 0 0 0 0 | Units 0 0 0 | \$0 \$0 \$0 | Cost/Case \$0 \$0 | Cost/Unit \$0 \$0 | Unit/Case 0 0 |
|---|---|------------------|---|------------------|-------------|-------------------|-------------------------|-------------------------|---------------|
| Neuropsych test by Psych/Phys Assessment for Autism Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy | 96118 96118 96119 96119 96120 96127 | | Per Hour Hour Per Hour | 0 | 0 | \$0 | \$0 | | |
| Assessment for Autism Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational Therapy Occupational Therapy | 96118 96119 96119 96120 96127 | | Hour Per Hour | 0 | | | | \$0 | 0 |
| Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy | 96119 96119 96120 96127 | | Per Hour | | 0 | \$0 | | | |
| Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy | 96119 96120 96127 | U5 | | 0 | | | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational or Physical Therapy | 96120 96127 | U5 | TT | | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other Medication Administration Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational or Physical Therapy | 96127 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational Therapy | | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Occupational Therapy Occupational Therapy | 96372 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy | | | Encounter | 1 | 1 | \$172 | \$172 | \$172 | 1 |
| Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy Physical Therapy Occupational Therapy | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy Occupational Therapy | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97165 | | Encounter | 6 | 6 | \$1,713 | \$286 | \$286 | 1 |
| occupational Therapy | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97530 | | 15 Minutes | 1 | 3 | \$112 | \$112 | \$37 | 3 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97533 | | 15 Minutes | 4 | 162 | \$9,498 | \$2,375 | \$59 | 41 |
| Occupational or Physical Therapy | 97535 | | 15 Minutes | 2 | 56 | \$2,976 | \$1,488 | \$53 | 28 |
| Occupational or Physical Therapy | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | | - Line Galittei | U | U | φU | φU | | |
| New Patient Evaluation and Management | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Ionia | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 1 | 1 | \$135 | \$135 | \$135 | 1 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 70 | 97 | \$17,106 | \$244 | \$176 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 124 | 353 | \$103,063 | \$831 | \$292 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 59 | 102 | \$46,883 | \$795 | \$460 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Ionia | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Ionia | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 1 | 1 | \$2,221 | \$2,221 | \$2,221 | 1 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 481 | 514 | \$167,244 | \$348 | \$325 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 6 | 60 | \$34,303 | \$5,717 | \$572 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 247 | 298 | \$50,992 | \$206 | \$171 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 158 | 240 | \$23,170 | \$147 | \$97 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 222 | 12,777 | \$794,598 | \$3,579 | \$62 | 58 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 2 | 39 | \$1,668 | \$834 | \$43 | 20 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Ionia | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 15 | 53 | \$5,588 | \$373 | \$105 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 25 | 1,061 | \$139,031 | \$5,561 | \$131 | 42 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | - | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Ionia | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 42 | 201 | \$28,171 | \$671 | \$140 | 5 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 1 | 1 | \$141 | \$141 | \$141 | 1 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 6 | 60 | \$1,669 | \$278 | \$28 | 10 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 1 | 1 | \$61 | \$61 | \$61 | 1 |
| Health Services | | T1002 | | Up to 15 min | 112 | 266 | \$37,153 | \$332 | \$140 | 2 |
| Respite Care | | T1005 | | 15 Minutes | 16 | 11,091 | \$42,845 | \$2,678 | \$4 | 693 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 47 | 1,222 | \$74,628 | \$1,588 | \$61 | 26 |
| Targeted Case Management | | T1017 | | 15 minutes | 29 | 421 | \$26,683 | \$920 | \$63 | 15 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 53 | 79 | \$57,504 | \$1,085 | \$728 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Ionia | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 3 | 7 | \$1,092 | \$364 | \$156 | 2 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 6 | 46 | \$8,095 | \$1,349 | \$176 | 8 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 1 | 6 | \$787 | \$787 | \$131 | 6 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 680 | | \$2,055,854 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Category Local Psychiatric Hospital/IMD PT68 bundled per diem Local Psychiatric Hospital/IMD PT68bundled per diem Local Psychiatric Hospital/IMD PT68physician costs excluded Local Psychiatric Hospital/IMD PT68physician costs excluded Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital/IMD Local Psychiatric Hospital/IMD Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology ECT Anesthesia | 0100 0100 0114, 0124, 0134, 0154 0114, 0124, 0134, 0154 0100 0100 0114, 0124, 0134, 0154 0114, 0124, 0134, 0154 | PT68 PT68 PT68 PT68 PT73 PT73 | Days Days Days Days Days Days | 5 0 0 0 0 3 | 62 0 0 0 0 30 | \$43,967 \$0 \$0 \$0 | \$8,793 \$0 \$0 \$0 | \$709 \$0 \$0 | |
|--|--|-------------------------------|-------------------------------|----------------------------|------------------------------|-------------------------------|------------------------------|---------------------|----|
| Local Psychiatric Hospital/IMD PT68bundled per diem Local Psychiatric Hospital/IMD PT68physician costs excluded Local Psychiatric Hospital/IMD PT68physician costs excluded Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0114, 0124, 0134, 0154 0114, 0124, 0134, 0154 0100 0100 0114, 0124, 0134, 0154 | PT68 PT68 PT73 PT73 | Days Days Days Days | 0 0 3 | 0 | \$0 \$0 | \$0 | | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital/IMD Local Psychiatric Hospital/IMD Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0114, 0124, 0134, 0154 0100 0100 0114, 0124, 0134, 0154 | PT68 PT73 PT73 | Days Days | 3 | 0 | \$0 | | \$0 | |
| Local Psychiatric Hospital/IMD PT68physician costs excluded Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital/IMD Local Psychiatric Hospital/IMD Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0100 0100 0114, 0124, 0134, 0154 | PT73 | Days Days | 3 | | , , | \$0 | | 0 |
| per diem Local Psychiatric Hospital - Acute Community PT73bundled per diem Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital/IMD Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0100 0114, 0124, 0134, 0154 | PT73 | | | 30 | | 30 | \$0 | 0 |
| per diem Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital/IMD Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0114, 0124, 0134, 0154 | | Days | | | \$32,062 | \$10,687 | \$1,069 | 10 |
| costs excluded Local Psychiatric Hospital - Acute Community PT73physician costs excluded Local Psychiatric Hospital/IMD Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | | PT73 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| costs excluded Local Psychiatric Hospital/IMD Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0114, 0124, 0134, 0154 | | Days | 37 | 215 | \$168,175 | \$4,545 | \$782 | 6 |
| Local Psychiatric Hospital/Acute Community Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0144 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0183 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| and Devices Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology | 0250-0254, 0257-0258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0270-0272 | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 1 2 65 | 0300-0302, 0305-0307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0320 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 0370 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | Days | 5 | | | | | |
| Outpatient Partial Hospitalization | ~ · · · | | Days | 3 | 32 | \$13,148 | \$2,630 | \$411 | 6 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0913 | | Days | 0 | 0 | \$13,148 \$0 | \$2,630 \$0 | \$411 \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Kalamazoo | D | HCPCS Code | Modifier | Unit | G | TT-1- | Cost | G/G | Contact (Tiller) | H-2/C |
|--|---------------------------------------|------------|----------|-------------------------------|-------|--------|-----------|-----------|------------------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modiner | Measure | Cases | Units | | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | s 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 14 | 19 | \$7,663 | \$547 | \$403 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 2 | 3 | \$153 | \$77 | \$51 | 2 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 2 | 13 | \$665 | \$332 | \$51 | 7 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 18 | 1,405 | \$53,792 | \$2,988 | \$38 | 78 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 18 | 10,682 | \$399,907 | \$22,217 | \$37 | 593 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 4 | 145 | \$3,547 | \$887 | \$24 | 36 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 2 | 170 | \$3,939 | \$1,970 | \$23 | 85 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 18 | 527 | \$48,289 | \$2,683 | \$92 | 29 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 18 | 689 | \$60,228 | \$3,346 | \$87 | 38 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 9 | 65 | \$4,518 | \$502 | \$70 | 7 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 297 | 306 | \$108,675 | \$366 | \$355 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 40 | 40 | \$31,077 | \$777 | \$777 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 20 | 34 | \$3,942 | \$197 | \$116 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 114 | 679 | \$104,052 | \$913 | \$153 | 6 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Mean Hath Chaptaine Circ | Kalamazoo | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Selbiance Les Bounders Carpainer Care | Service Category | Revenue Code | | Wodiffer | Measure | | | | | | |
| Mesener 9088 | | | | | | | | | | | 3 |
| Pecheburgy for Crisis Tiats O Maines 908.99 First 30 7 Albin 0 0 0 90 90 90 90 90 | Substance Use Disorder: Outpatient Care | | | HF | 60 Minutes | | | | | | 0 |
| Poychordungs for Chin Each Additional 30 Minutes | | | | | | | | | | | 0 |
| Partagry Faminy Therapy 90840 1000 1 | Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | | 0 | \$0 | | | 0 |
| Substance Use Decoder Outputcent Treatment (001, 1006, 1004 90946 HF Excounter 0 0 0 50 50 50 50 50 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partray Partin Placery 9847 Encounter 98 14 10 10 10 10 10 10 10 | Therapy-Family Therapy | | 90846 | | Encounter | 44 | 227 | \$80,575 | \$1,831 | \$355 | 5 |
| Substance for Duorder Outputent Treatment 0800, 006, 0014, 0987 9887 9889 Ecounter 19 84 \$15,278 \$894 \$182 4 | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perraph Perraph 9849 Recounter 9849 150 | Therapy-Family Therapy | | 90847 | | Encounter | 49 | 229 | \$41,102 | \$839 | \$179 | 5 |
| Decay Family Thorapy | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 19 | 84 | \$15,278 | \$804 | \$182 | 4 |
| Description | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Subsaince Use Disorder: Outputient Treatment (9800, 19916, 19914) 90853 HF Encounter 0 0 0 50 50 50 50 0 0 0 4 50 50 50 50 0 0 0 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mamacological Management (SED Waiver) 90863 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 S0 S0 <td>Pharmacological Management (SED Waiver)</td> <td></td> <td>90863</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 0 0 \$0 | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 S0 S0 S0 S0 S0 S0 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 \$0 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 \$0 <td>Speech & Language Therapy</td> <td></td> <td>92609</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 \$ | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Kalamazoo | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 28 | 1,385 | \$27,002 | \$964 | \$19 | 49 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 29 | 1,520 | \$25,200 | \$869 | \$17 | 52 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$86 | \$86 | \$86 | 1 |
| Occupational Therapy | | 97166 | | Encounter | 7 | 7 | \$908 | \$130 | \$130 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 25 | 50 | \$4,276 | \$171 | \$86 | 2 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 88 | \$1,775 | \$1,775 | \$20 | 88 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 8 | 8 | \$4,697 | \$587 | \$587 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 13 | 13 | \$10,126 | \$779 | \$779 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 4 | 6 | \$648 | \$162 | \$108 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 78 | 120 | \$23,162 | \$297 | \$193 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 115 | 243 | \$77,673 | \$675 | \$320 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 188 | 736 | \$316,759 | \$1,685 | \$430 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 21 | 23 | \$2,055 | \$98 | \$89 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 6 | 6 | \$579 | \$97 | \$97 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 9 | 9 | \$869 | \$97 | \$97 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 32 | 81 | \$5,661 | \$177 | \$70 | 3 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 19 | 30 | \$2,863 | \$151 | \$95 | 2 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 23 | 33 | \$3,023 | \$131 | \$92 | 1 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Kalamazoo | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Kalamazoo | | | | Unit | | | | | | |
|--|---------------------------------------|------------|-------------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 29 | 44 | \$16,005 | \$552 | \$364 | 2 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 30 | 125 | \$76,977 | \$2,566 | \$616 | 4 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 346 | 641 | \$206,556 | \$597 | \$322 | 2 |
| Assessment | | H0031 | | Encounter | 79 | 149 | \$21,379 | \$271 | \$143 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 48 | 57 | \$44,253 | \$922 | \$776 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 218 | 619 | \$75,609 | \$347 | \$122 | 3 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 302 | 32,202 | \$1,655,121 | \$5,481 | \$51 | 107 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 50 | 2,864 | \$502,230 | \$10,045 | \$175 | 57 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 1 | 175 | \$8,777 | \$8,777 | \$50 | 175 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 1 | 133 | \$3,187 | \$3,187 | \$24 | 133 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 2 | 4 | \$63 | \$31 | \$16 | 2 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 2 | 19 | \$5,554 | \$2,777 | \$292 | 10 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 394 | 4,411 | \$113,381 | \$288 | \$26 | 11 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 5 | 2,903 | \$60,696 | \$12,139 | \$21 | 581 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 8 | 1,769 | \$8,195 | \$1,024 | \$5 | 221 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 73 | 16,232 | \$116,362 | \$1,594 | \$7 | 222 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 16 | 1,122 | \$35,199 | \$2,200 | \$31 | 70 |
| Behavior Services | | H2019 | TT | 15 Minutes | 3 | 216 | \$1,554 | \$518 | \$7 | 72 |
| Wraparound | | H2021 | | 15 Minutes | 151 | 7,317 | \$593,074 | \$3,928 | \$81 | 48 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 10 | 1,250 | \$132,862 | \$13,286 | \$106 | 125 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 1 | 8 | \$2,704 | \$2,704 | \$338 | 8 |
| Family Training | | S5111 | HA | Encounter | 8 | 45 | \$15,213 | \$1,902 | \$338 | 6 |
| Family Training | | S5111 | HM | Encounter | 169 | 2,647 | \$516,738 | \$3,058 | \$195 | 16 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 1 | 331 | \$105,270 | \$105,270 | \$318 | 331 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 32 | 140 | \$44,837 | \$1,401 | \$320 | 4 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 14 | 8,294 | \$24,038 | \$1,717 | \$3 | 592 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 64 | 15,144 | \$64,162 | \$1,003 | \$4 | 237 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 46 | 1,146 | \$97,724 | \$2,124 | \$85 | 25 |
| Targeted Case Management | | T1017 | | 15 minutes | 200 | 4,698 | \$447,292 | \$2,236 | \$95 | 23 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 16 | 17 | \$8,469 | \$529 | \$498 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Kalamazoo | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | - | ALL | <u> </u> | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,389 | | \$6,752,312 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lapeer | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 20 | 229 | \$151,293 | \$7,565 | \$661 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 23 | 241 | \$159,221 | \$6,923 | \$661 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 1 | \$661 | \$661 | \$661 | 1 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 3 | 17 | \$11,231 | \$3,744 | \$661 | 6 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 2 | 17 | \$4,675 | \$2,338 | \$275 | 9 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lapeer | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 6 | 7 | \$3,079 | \$513 | \$440 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 9 | 897 | \$26,806 | \$2,978 | \$30 | 100 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 8 | 4,984 | \$146,607 | \$18,326 | \$29 | 623 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 9 | 237 | \$10,309 | \$1,145 | \$43 | 26 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 9 | 551 | \$21,786 | \$2,421 | \$40 | 61 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 6 | 10 | \$1,060 | \$177 | \$106 | 2 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 2 | 155 | \$12,883 | \$6,442 | \$83 | 78 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 2 | 853 | \$38,029 | \$19,014 | \$45 | 427 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 17 | 17 | \$7,929 | \$466 | \$466 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 48 | 48 | \$19,148 | \$399 | \$399 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 48 | 119 | \$10,385 | \$216 | \$87 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 123 | 670 | \$98,202 | \$798 | \$147 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Manifal Hathir Opposition Cross 900,000 | Lapeer Sarvice Ceterory | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|---------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Selection Class Classes Clas | Service Category | Trevenue esae | | | | | | | | | |
| Second 9888 | · | | | | | | | | | | |
| Pecheburgy for Crise Tiack Milations 90839 1842 18 | - | | | HF | | | | • | | | |
| Paycholantragy for Cries Each Additional 37 Minutes 9880 | = | | | | | | | | | | |
| Partago Part | - | | | | | | | • | | | |
| Patentine Pate | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partray Partin Planary 9087 Excourage 122 528 80875 80857 8053 805 | Therapy-Family Therapy | | 90846 | | Encounter | 18 | 42 | \$6,606 | \$367 | \$157 | 2 |
| Sub-lance 10-000 10-000 10-000 10-000 10-000 10-000 10-000 10-000 10-000 10-000 10-000 10-000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-0000 10-00000 10-00000 10-00000 10-00000 10-000000 10-000000 10-0000000 10-000000000 10-0000000000 | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perray Family Therapy | Therapy-Family Therapy | | 90847 | | Encounter | 122 | 592 | \$80,857 | \$663 | \$137 | 5 |
| Nerspy-Family Therapy | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Teatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pherapy Croup Therapy | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Originated Treatment | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mamacological Management (SED Waiver) 90863 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 \$0 <td>Pharmacological Management (SED Waiver)</td> <td></td> <td>90863</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 S0 S0 S0 S0 S0 S0 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9256 Encounter 0 0 50 50 50 50 0 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 50 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 \$0 <td>-</td> <td></td> <td>92610</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | - | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lapeer | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lapeer | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 101 | 206 | \$25,145 | \$249 | \$122 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 127 | 321 | \$58,573 | \$461 | \$182 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 69 | 133 | \$36,012 | \$522 | \$271 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lapeer | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Lapeer | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Modifier | Measure | | | | | | |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 9 | 70 | \$35,272 | \$3,919 | \$504 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 248 | 260 | \$60,990 | \$246 | \$235 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 18 | 33 | \$3,228 | \$179 | \$98 | 2 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 179 | 262 | \$39,869 | \$223 | \$152 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 59 | 70 | \$10,643 | \$180 | \$152 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 21 | 1,348 | \$187,231 | \$8,916 | \$139 | 64 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 111 | \$15,417 | \$15,417 | \$139 | 111 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Lapeer | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 3 | 9 | \$516 | \$172 | \$57 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 31 | 2,687 | \$17,170 | \$554 | \$6 | 87 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 2 | 88 | \$4,508 | \$2,254 | \$51 | 44 |
| Behavior Services | | H2019 | TT | 15 Minutes | 1 | 139 | \$7,073 | \$7,073 | \$51 | 139 |
| Wraparound | | H2021 | | 15 Minutes | 1 | 18 | \$699 | \$699 | \$39 | 18 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 108 | 324 | \$85,573 | \$792 | \$264 | 3 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Lapeer | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 16 | 30 | \$1,829 | \$114 | \$61 | 2 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 45 | 606 | \$116,581 | \$2,591 | \$192 | 13 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 9 | 247 | \$9,886 | \$1,098 | \$40 | 27 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 2 | 7 | \$1,517 | \$758 | \$217 | 4 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 2 | 7 | \$191 | \$95 | \$27 | 4 |
| Respite Care | | T1005 | | 15 Minutes | 1 | 32 | \$475 | \$475 | \$15 | 32 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 134 | 4,613 | \$348,171 | \$2,598 | \$75 | 34 |
| Targeted Case Management | | T1017 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 83 | 115 | \$15,633 | \$188 | \$136 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| | Lapeer | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|-----------------------|-------|-------|-------------|-----------|-----------|-----------|
| Enhanced Medical Supplies or Pharmacy T1999 Ricens 0 0 0 30 30 30 30 30 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation T2002 | Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2002 | Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation T2003 | Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2003 | Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2004 | Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation T2005 Encounter 0 0 50 50 50 50 | Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2005 HF Encounter 0 0 50 50 50 50 | Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Dut of Home Prevocational Service T2015 | Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model T2024 | Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services T2025 Month 1 7 S875 S875 S125 Enhanced Medical Equipment-Supplies T2028 Items 0 0 0 S0 S0 S0 Enhanced Medical Equipment-Supplies T2029 Items 0 0 S0 S0 S0 Respite Care T2036 Per session. One night = 0 0 0 S0 S0 S0 Respite Care T2037 Per session. One night = 0 0 0 S0 S0 S0 Respite Care T2037 Per session. One day/partial day = one session Session S0 S0 S0 Housing Assistance T2038 Service 0 0 S0 S0 S0 S0 Enhanced Medical Equipment-Supplies T2039 Items 0 0 S0 S0 S0 S0 Goods and Services T3999 HK Per Item 0 0 S0 S0 S0 Wraparound Services T3999 Per Item 0 0 S0 S0 S0 Plarmacy (Drugs and Other Biologicals) T399 Per Item D D S0 S0 S0 Other D S0 S0 S0 S0 S0 Aggregate for T Codes ALL D D S0 S0 S0 S0 S0 Aggregate for T Codes ALL D D S0 S0 S0 S0 S0 S0 S0 | Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies T2028 Items 0 0 S0 S0 S0 S0 Enhanced Medical Equipment-Supplies T2029 Items 0 0 S0 S0 S0 S0 S0 S0 | Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies T2029 Items 0 0 50 50 50 Respite Care T2036 Per session. One night = one session 0 0 0 50 50 50 Respite Care T2037 Per session. One one session 0 0 0 50 50 50 Housing Assistance T2038 Service 0 0 50 50 50 Enhanced Medical Equipment-Supplies T2039 Items 0 0 50 50 50 Goods and Services T5999 HK Per Item 0 0 50 50 50 Wraparound Services T5999 Per Item 0 0 50 50 50 Pharmacy (Drugs and Other Biologicals) 0 0 50 50 50 Other 0 0 50 50 50 50 Agregate for T Codes ALL 0 0 50 50 50 | Fiscal Intermediary Services | | T2025 | | Month | 1 | 7 | \$875 | \$875 | \$125 | 7 |
| Respite Care T2036 Per session. One night = 0 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care T2037 Per session. One day partial day = one session Per session. One day partial day = one session Per session. One day partial day = one session Per session. One day partial day = one session Per session. One day partial day = one session Per session. One day partial day = one session Per session. One day partial day = one session. | Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance T2038 Service 0 0 0 \$0 \$0 \$0 \$0 \$0 | Respite Care | | T2036 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies T2039 Items 0 0 \$0 <td>Respite Care</td> <td></td> <td>T2037</td> <td></td> <td>day/partial day = one</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Respite Care | | T2037 | | day/partial day = one | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services T5999 HK Per Item 0 0 \$0 | Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services T5999 Per Item 0 0 \$0 \$0 \$0 Pharmacy (Drugs and Other Biologicals) 0 0 \$0 \$0 \$0 \$0 Other 0 0 \$0 \$0 \$0 \$0 Aggregate for T Codes ALL 0 0 \$0 \$0 \$0 \$0 | Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) 0 0 \$0 \$0 \$0 Other 0 0 \$0 \$0 \$0 \$0 Aggregate for T Codes ALL 0 0 \$0 \$0 \$0 \$0 | Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other 0 0 \$0 \$0 \$0 \$0 Aggregate for T Codes ALL 0 0 \$0 \$0 \$0 \$0 | Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes ALL 0 0 0 \$0 \$0 \$0 | Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost \$1,943,604 | Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Total Population and Cost | | | | | 386 | | \$1,943,604 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Local Psychiants Hospital Michael Psychologists 10 | Lenawee Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---|----------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Load Psychiatric Resignation Persognation Personalisation on cockeded 011,013,013,013,015 PF88 Done 0 0 50 50 50 50 50 50 | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 16 | 167 | \$145,293 | \$9,081 | \$870 | 10 |
| Lead Psychiatric Riopath Albor (1904) priciation is reachiated 0114, 0124, 0134, | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | <u> </u> | 10 | 83 | \$72,212 | \$7,221 | \$870 | 8 |
| Load Psychiatric Riograph MDM P1600phosams onts coolabed 0114 0134, 0134 0154 P168 Doys 0 0 8 \$3.0 | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 10 | 78 | \$52,340 | \$5,234 | \$671 | 8 |
| Seale Schelder Property Regular Services (Popular Services) Property Regular Services (Popular Services) Property Regular Services (Popular Services) Property Regular Services) Property Regular Services (Popular Services) Property Regular Services) Property Regular Services (Popular Services) Property Regular Services Property | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 2 | 15 | \$10,065 | \$5,033 | \$671 | 8 |
| PT08 Annount PT09 Annount PT09 Annount PT09 PT09 Annount PT09 PT | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital Aceture Community | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatica Hospital Ancillary Services - Roson and Board | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0183 Days 0 0 0 50 50 50 50 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquient Hospital Ancellary Services - Hurmacy Inquient Hospital Ancellary Services - Laboratory O300-0302, 3035-3037 # of tests 0 0 0 80 80 80 80 80 80 80 80 80 80 80 8 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Ingotient Hospital Ancillary Services - Medical-Surgical Supplies of 2070 272 # of items 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory 0500-0302, 0305-0307 # of tests 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 1420-0424 14 of treatments 15 o 0 0 50 50 50 50 50 50 50 50 50 50 50 50 | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Plarmacy Inpatient Hospital Ancillary Services - EKGECG Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Ancillary Services - Psychiatric/Psycholog | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language North North Hospital Ancillary Services - Fulmonary Function Ode | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 6366 #of units 0 0 0 50 50 50 50 50 60 ECT Recovery Room 710 10 0 0 0 50 50 50 50 60 10 10 10 10 10 10 10 10 10 10 10 10 10 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Technology | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG 0730-0731 # of tests 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services - Outpatient Partial Hospitalization | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 \$0 (| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 \$0 | Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Page | Lenawee | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--|--------------|-------------|----------|------------------|-------|--------|-----------|-----------|-----------|-----------|
| Mathement Conde-Ent Chanesthess 1911 1914 1916 1915 1915 1916 1 | Service Category | | TICFCS Code | Wodiffer | Measure | | | | | | |
| Mathematic Color: ECT Amendment 90 90 91 50 20 30 90 90 90 90 90 90 9 | - | es 0940-0942 | | | | | | | | | |
| MAR Medicans Information Account 1987 195 Excount 198 30 312.77 5888 5476 1 | - | | | | | | | | | | |
| MAS Medicinizal Follows on Assessment 1932 195 First 30 Manners 1960 196 | - | 0901 | | | | | | | | | |
| ABA Delivirent Pollow up Ameument 105T | ABA Behavior Identification Assessment | | | | | | | | | | |
| MA Adaptive Treatment 1961 | - | | | | | | | | | | |
| ABA Adaptive Treatment ABA Adaptive Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment Coldance O1707 US Beha Addisonal 30 23 1,150 32,21,80 32,11,50 32,22,78 33,143 34,13 | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Group Adaptive Behavier Freetment 1967 | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 24 | 1,973 | \$52,363 | \$2,182 | \$27 | 82 |
| ABA Group Adaptive Behavior Treatment and Direction of Adaptive Behavior Procession of Adaptiv | ABA Adaptive Treatment | | 0365T | U5 | | 24 | 14,548 | \$373,302 | \$15,554 | \$26 | 606 |
| Al Chineal Obervator and Direction of Adaptive Behavior Treatment Guidance | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Make Family Behavior Treatment Guidance | | | 0368T | U5 | First 30 Minutes | 23 | 413 | \$26,131 | \$1,136 | \$63 | 18 |
| ABA Family Belavior Treatment Oxidance 0371T U5 Encounter 0 0 50 50 50 50 0 0 ABA Adaptive Behavior Intentient Social Skills Group 0372T U5 Encounter 0 0 0 50 50 50 50 0 ABA Adaptive Behavior Intentient 0373T U5 First Offinities 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Intentient 0374T U5 Each Additional 30 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Intentient 0374T U5 Each Additional 30 0 0 50 50 50 50 0 Drug Screen 80306 Each Additional 30 0 0 50 50 50 50 50 50 50 50 50 50 50 5 | | | 0369T | U5 | | 23 | 1,150 | \$72,738 | \$3,163 | \$63 | 50 |
| ABA Adaptive Behavior Treatment Social Skills Group 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 0 ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 22 | 74 | \$9,394 | \$427 | \$127 | 3 |
| ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 50 50 50 50 50 50 50 50 50 50 50 5 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 50 50 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 \$0 0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90792 Encounter 106 106 \$78,244 \$738 \$738 1 Substance Use: Assessment 90792 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 Substance Use Disorder: Outpatient Care 90833 HF 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90834 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90834 HF 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 9090, 0906, 0914, 0915, 0916, 0919 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 106 | 106 | \$78,244 | \$738 | \$738 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 0 0 \$0 <td>Substance Use: Assessment</td> <td></td> <td>90792</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 <td>Assessment for Autism</td> <td></td> <td>90792</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 Assessment 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care 90834 45 Minutes 6 20 \$1,648 \$275 \$82 3 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 0 \$0 \$0 \$0 \$0 \$0 \$ | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 6 | 20 | \$1,648 | \$275 | \$82 | 3 |
| | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | * | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lenawee | D C 1 | HODGO G. I |) | Unit | G | TT 1: | | 0.10 | G | TI : |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 6 | 45 | \$4,943 | \$824 | \$110 | 8 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 16 | 95 | \$29,298 | \$1,831 | \$308 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 35 | 434 | \$133,846 | \$3,824 | \$308 | 12 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 8 | 49 | \$22,100 | \$2,762 | \$451 | 6 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 1 | 1 | \$74 | \$74 | \$74 | 1 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 3 | \$241 | \$241 | \$80 | 3 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lenawee | | Unit | | | | | | |
|--|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category Revenue Code HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: 97762 Retired 12/31/17) | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Name of Power No. Patent Polastance and Management (1991) (1987) (1992) (1993) (1993) (1994) | Lenawee | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Management Man | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Non-part Part Par | | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Many Part | New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection Sele | | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management 1920 1 | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Section 1/20 Decorder: New Platies Evaluation and Managements | | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Man | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Posteder New Patient Evaluation and Management Patient Management Patie | | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patable Pata | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Section Property Standshieder Patient Evaluation and Management 9921 | | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management 99212 HF Encounter 208 597 \$151.471 \$728 \$224 \$254 | | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | Established Patient Evaluation and Management | | 99212 | | Encounter | 94 | 70 | \$25,857 | \$275 | \$369 | 1 |
| Sustance Abusse: Established Patient Evaluation and Management 99213 HF Encounter 163 408 \$163,539 \$1,003 \$401 \$1.0000 \$1.000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.0000 \$1.00000 \$1.0000 \$1.0000 \$1.000 | | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 208 | 597 | \$151,471 | \$728 | \$254 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management 99214 HF Encounter 0 0 S0 S0 S0 Common Management Stablished Patient Evaluation and Management 99215 HF Encounter 0 0 S0 S0 </td <td>Sustance Abuse: Established Patient Evaluation and Management</td> <td></td> <td>99213</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Subs | Established Patient Evaluation and Management | | 99214 | | Encounter | 163 | 408 | \$163,539 | \$1,003 | \$401 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management 99215 HF Encounter 0 0 \$0 | | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 30 Minutes 0 0 \$0 | Established Patient Evaluation and Management | | 99215 | | Encounter | 14 | 15 | \$9,299 | \$664 | \$620 | 1 |
| Additional Codes-Physician Services 99222 50 Minutes 0 0 80 80 80 Additional Codes-Physician Services 99223 70 Minutes 0 0 50 50 80 60 Additional Codes-Physician Services 99224 15 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99225 25 minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99226 35 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99231 15 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99232 25 minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99233 35 Minutes 0 0 50 50 50 50 50 60 </td <td></td> <td></td> <td>99215</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99223 70 Minutes 0 0 \$ | Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99225 25 minutes 0 0 50 50 50 50 Additional Codes-Physician Services 99226 35 Minutes 0 0 50 50 50 50 50 Additional Codes-Physician Services 99231 15 Minutes 0 0 50 50 50 50 50 60 Additional Codes-Physician Services 99232 25 minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99233 35 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 <=30 Minutes 0 0 50 50 50 50 Additional Codes-Physician Services 99239 >30 Minutes 0 0 50 50 50 50 Substance Us | Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 50 50 50 Additional Codes-Physician Services 99231 15 Minutes 0 0 50 50 50 60 Additional Codes-Physician Services 99231 15 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99232 25 minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99233 35 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 <= 30 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 <= 30 Minutes 0 0 50 50 50 50 60 Additional Codes-Physician Services 99239 >30 Minutes 0 0 50 50 50 60 Substanc | Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 \$ | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 15 Minutes 0 0 50 \$0 | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 25 minutes 0 0 50 \$ | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 35 Minutes 0 0 50 \$ | Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 <= 30 Minutes 0 0 50 50 50 60 Additional Codes-Physician Services 99239 >30 Minutes 0 0 50 | Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 >30 Minutes 0 0 50 \$0 | Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 50 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 50 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 80 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | - | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lenawee | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Lenawee | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 291 | 310 | \$95,688 | \$329 | \$309 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 1 | 1 | \$310 | \$310 | \$310 | 1 |
| Treatment Planning | | H0032 | | Encounter | 2 | 2 | \$180 | \$90 | \$90 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 60 | 6,317 | \$303,469 | \$5,058 | \$48 | 105 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 25 | \$1,201 | \$1,201 | \$48 | 25 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 2 | 4 | \$125 | \$62 | \$31 | 2 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | <u> </u> | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lenawee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 37 | 100 | \$9,372 | \$253 | \$94 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 1,428 | \$12,224 | \$6,112 | \$9 | 714 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 4 | 33 | \$26,291 | \$6,573 | \$797 | 8 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lenawee | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 1 | 30 | \$2,303 | \$2,303 | \$77 | 30 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 2 | 3,587 | \$16,500 | \$8,250 | \$5 | 1,794 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 35 | 194 | \$16,139 | \$461 | \$83 | 6 |
| Targeted Case Management | | T1017 | | 15 minutes | 155 | 836 | \$64,029 | \$413 | \$77 | 5 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 1 | 3 | \$216 | \$216 | \$72 | 3 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 35 | 41 | \$11,769 | \$336 | \$287 | 1 |
| · | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lenawee | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 2 | 13 | \$1,404 | \$702 | \$108 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 438 | | \$2,007,992 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| LifeWays | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 39 | 441 | \$389,520 | \$9,988 | \$883 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 15 | 131 | \$84,090 | \$5,606 | \$642 | 9 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 18 | 139 | \$128,644 | \$7,147 | \$925 | 8 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| LifeWays | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|--------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | | Tier es code | Wodiner | | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | 00101 | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0004 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 12 | 15 | \$7,703 | \$642 | \$514 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 16 | 1,117 | \$26,290 | \$1,643 | \$24 | 70 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 16 | 8,442 | \$199,355 | \$12,460 | \$24 | 528 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 16 | 274 | \$17,457 | \$1,091 | \$64 | 17 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 15 | 682 | \$43,171 | \$2,878 | \$63 | 45 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 14 | 74 | \$9,103 | \$650 | \$123 | 5 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 16 | 16 | \$10,457 | \$654 | \$654 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 151 | 152 | \$114,461 | \$758 | \$753 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 92 | 156 | \$8,441 | \$92 | \$54 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 278 | 1,560 | \$153,411 | \$552 | \$98 | 6 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Section Sect | LifeWays | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|---------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Settone for Demokr Ongotine for 9857 88 | Service Category | Trevenue code | | | | | | | | | |
| Section | · | | | UE | | | | | | | 6 |
| Psycholaterapy for Citics Each Additional 20 Minutes | | | | HF | | | | | | | |
| Psychotherapy for Cine Each Additional 30 Minutes | = | | | | | | | | | | 0 |
| Perspay-Family Therapy | - | | | | | | | • | | | 0 |
| Substance Use Disorder: Output Interference 0000, 0000, 0004 0000 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partury Fundy Therapy | Therapy-Family Therapy | | 90846 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Decorder: Outquirent Treatment | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspa-Family Therapy | Therapy-Family Therapy | | 90847 | | Encounter | 6 | 15 | \$2,567 | \$428 | \$171 | 3 |
| Pennsy Therapy 1984 18 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partury Chrop Thrapy | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Purmanological Management (SEDWairer) 9086 | Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0001 90870 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 170 170 \$15,620 \$92 \$92 Speech & Language Therapy 92507 Encounter 3 105 \$4963 \$1,654 \$47 3 Speech & Language Therapy 92508 Encounter 0 0 \$50 \$50 \$0 0 Speech & Language Therapy 92521 Encounter 0 0 \$50 \$50 \$0 \$0 Speech & Language Therapy 92522 Encounter 0 0 \$50 \$50 \$0 \$0 \$50 \$50 \$0 \$0 \$50 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 3 105 \$4,963 \$1,654 \$47 33 Speech & Language Therapy 92508 Encounter 0 0 50 50 50 60 50 50 50 50 60 50 50 50 50 60 50 | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 50 | Assessments-Other | | 90887 | | Encounter | 170 | 170 | \$15,620 | \$92 | \$92 | 1 |
| Speech & Language Therapy 92521 Encounter 0 0 0 50 50 50 50 50 | Speech & Language Therapy | | 92507 | | Encounter | 3 | 105 | \$4,963 | \$1,654 | \$47 | 35 |
| Speech & Language Therapy 92522 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 3 3 334 \$118 \$118 Speech & Language Therapy 92524 Encounter 0 0 \$0 < | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 50 50 50 60 Speech & Language Therapy 92526 Encounter 0 0 50 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9256 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92523 | | Encounter | 3 | 3 | \$354 | \$118 | \$118 | 1 |
| Speech & Language Therapy 92607 First Hour 0 0 80 80 80 80 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 80 </td <td>Speech & Language Therapy</td> <td></td> <td>92524</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 \$0 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 50 50 50 Psychological Testing PSYCH/PHYS 96101 Per Hour 9 50 \$5,067 \$563 \$101 6 Assessment for Autism 96101 U5 Hour 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 9 50 \$5,067 \$563 \$101 0 Assessment for Autism 96101 U5 Hour 0 0 \$0 < | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 50 50 50 50 60 Psychological Testing by Technician 96102 Per Hour 0 0 50 | - | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 50 50 50 60 Assessment for Autism 96102 U5 Hour 0 0 50 60 50 50 50 50 60 50 50 50 50 60 60 50 50 50 50 60 60 50 50 50 50 60 60 50 50 50 50 60 60 60 50 50 50 60 60 60 50 50 50 60 60 60 50 50 50 60 60 60 60 60 60 60 60 60 60 | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 9 | 50 | \$5,067 | \$563 | \$101 | 6 |
| Assessment for Autism 96102 U5 Hour 0 0 50 50 50 50 60 7 | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| New | LifeWays | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Neumanne Neumanne 1911 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Securetion for Nation | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Newcopy the or by Tach | Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secretaria for Sections Section Section | Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsychest Admiss wComp 98120 Per Horr 0 0 90 90 90 90 90 90 | Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Security Office | Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Securetical Perspy | Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secondation for Physical Therapy | Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secupational or Physical Therapy | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decembrated Despixed Therapy | Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decempational or Physical Therapy | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97140 15 Minutes 0 0 50 50 50 30 0 Occupational or Physical Therapy 97150 Encounter 0 0 50 50 50 50 0 9 Physical Therapy 97162 Encounter 0 0 50 50 50 0 0 9 50 50 50 0 0 9 50 50 50 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 50 0 0 50 50 50 50 0 0 50 50 50 50 0 0 50 50 50 50 0 0 50 50 50 50 0 0 50 50 50 50 50 50 50 50 50 50 50 50 50 | Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97150 Encounter 0 0 S0 S0 S0 Physical Therapy 97161 Encounter 0 0 50 50 50 0 Physical Therapy 97162 Encounter 0 0 50 50 50 0 Physical Therapy 97163 Encounter 0 0 50 50 50 0 Occupational Therapy 97165 Encounter 0 0 50 50 50 0 0 Occupational Therapy 97166 Encounter 2 2 2322 \$183 \$13 1 1 \$47 \$4 | Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 Encounter 1 1 \$47 \$47 \$47 \$47 \$10 | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97167 Encounter 0 0 \$0 < | Occupational Therapy | | 97165 | | Encounter | 2 | 2 | \$325 | \$163 | \$163 | 1 |
| Occupational Therapy 97168 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$150 \$4,671 \$4,671 \$31 \$150 Occupational or Physical Therapy 97532 15 Minutes 0 0 \$0 <td>Occupational Therapy</td> <td></td> <td>97166</td> <td></td> <td>Encounter</td> <td>1</td> <td>1</td> <td>\$47</td> <td>\$47</td> <td>\$47</td> <td>1</td> | Occupational Therapy | | 97166 | | Encounter | 1 | 1 | \$47 | \$47 | \$47 | 1 |
| Occupational or Physical Therapy 97530 15 Minutes 1 150 \$4,671 \$4,671 \$31 150 Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 50 \$0 | Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 <th< td=""><td>Occupational Therapy</td><td></td><td>97168</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<> | Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97533 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97530</td> <td></td> <td>15 Minutes</td> <td>1</td> <td>150</td> <td>\$4,671</td> <td>\$4,671</td> <td>\$31</td> <td>150</td> | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 150 | \$4,671 | \$4,671 | \$31 | 150 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 50 50 50 50 0 | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 S0 S0 S0 0 Occupational Therapy 97755 15 Minutes 0 0 50 50 50 0 Occupational or Physical Therapy 97760 15 Minutes 0 0 50 50 50 0 C/O for Orthotic/Prosth Use or Physical Therapy(Note: 97762 15 minutes 0 0 50 50 50 50 0 Retired 12/31/17) 7 7 7 7 7 7 7 7 7 7 8 7 9 9 9 9 0 0 50 50 50 9 0 0 8 50 50 50 9 0 0 50 50 50 50 0 0 50 50 50 50 4 4 4 4 4 4 4 4 4 4 4 4 | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 <td>Occupational Therapy</td> <td></td> <td>97755</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$142 \$36 \$4 Assessment or Health Services 97803 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 3 12 \$426 \$142 \$36 4 Assessment or Health Services 97803 15 Minutes 0 0 \$0 | | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 30 Minutes 0 0 \$ | Assessment or Health Services | | 97802 | | 15 Minutes | 3 | 12 | \$426 | \$142 | \$36 | 4 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| • | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Acupuncture | - | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | New Patient Evaluation and Management | - | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| No. Patent Foundation and Montgoment Politic Pol | LifeWays | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Mangement Mang | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Selement Description Non-Patent Production and Monagement 9000 970 | Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Now Priemer Devictors Associated Production and Minageneries Now Patient Evaluation and Minageneries Now Patient Eval | New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Parlam Perhatin Perhatin and Management 9218 18 18 19 19 19 19 19 | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Man | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Section Properties Proper | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Primer Polithinis and Management 9215 Final F | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Co-Doorder New Patient Evaluation and Management Patient Evaluation and Management Patient Evaluation and Management Patient | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sebatance Use Disorder: Established Patient Evaluation and Management 9211 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management 9212 HF Encounter 0 0 0 50 50 50 50 50 | Established Patient Evaluation and Management | | 99211 | | Encounter | 65 | 96 | \$29,698 | \$457 | \$309 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management 99213 Facuunter 14 738 159,636 746 7216 738 738 736 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Stabilished Patient Evaluation and Management 9213 Facounter 214 738 159,636 5746 5216 525 | Established Patient Evaluation and Management | | 99212 | | Encounter | 36 | 48 | \$7,578 | \$210 | \$158 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management 9213 HF Encounter 184 532 \$16,311 \$882 \$305 \$3 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Established Patient Evaluation and Management | | 99213 | | Encounter | 214 | 738 | \$159,636 | \$746 | \$216 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Selato Harine Revoluction and Management Selato Harine Revoluction Revoluction Services Selato Harine Revoluction Selato | Established Patient Evaluation and Management | | 99214 | | Encounter | 184 | 532 | \$162,311 | \$882 | \$305 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management 99215 HF Encounter 0 0 S0 S0 S0 Additional Codes-Physician Services 99221 30 Minutes 1 1 \$105 \$105 \$105 Additional Codes-Physician Services 99222 50 Minutes 1 1 \$105 \$105 \$105 Additional Codes-Physician Services 99223 70 Minutes 1 1 \$105 \$105 \$105 Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 <td>Substance Use Disorder: Established Patient Evaluation and Management</td> <td></td> <td>99214</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 30 Minutes 1 1 105 5105 5105 Additional Codes-Physician Services 99222 50 Minutes 0 0 \$0 <td>Established Patient Evaluation and Management</td> <td></td> <td>99215</td> <td></td> <td>Encounter</td> <td>1</td> <td>1</td> <td>\$700</td> <td>\$700</td> <td>\$700</td> <td>1</td> | Established Patient Evaluation and Management | | 99215 | | Encounter | 1 | 1 | \$700 | \$700 | \$700 | 1 |
| Additional Codes-Physician Services 99222 50 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99223 70 Minutes 1 1 \$105 \$105 \$105 Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99223 70 Minutes 1 1 \$105 \$105 \$105 Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99225 25 minutes 0 0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99226 35 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99221 | | 30 Minutes | 1 | 1 | \$105 | \$105 | \$105 | 1 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 \$ | Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 \$0 \$0 \$0 Additional Codes-Physician Services 99231 15 Minutes 2 3 \$278 \$139 \$93 Additional Codes-Physician Services 99231 15 Minutes 2 3 \$278 \$139 \$93 Additional Codes-Physician Services 99232 25 minutes 2 2 \$210 \$105 \$105 Additional Codes-Physician Services 99233 35 Minutes 3 4 \$419 \$140 \$105 Additional Codes-Physician Services 99238 <-30 Minutes 0 0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99239 >30 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 9924 HF 40 Minutes 0 </td <td>Additional Codes-Physician Services</td> <td></td> <td>99223</td> <td></td> <td>70 Minutes</td> <td>1</td> <td>1</td> <td>\$105</td> <td>\$105</td> <td>\$105</td> <td>1</td> | Additional Codes-Physician Services | | 99223 | | 70 Minutes | 1 | 1 | \$105 | \$105 | \$105 | 1 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 \$0 \$0 \$0 Additional Codes-Physician Services 99231 15 Minutes 2 3 \$278 \$139 \$93 Additional Codes-Physician Services 99232 25 minutes 2 2 \$210 \$105 \$105 Additional Codes-Physician Services 99233 35 Minutes 3 4 \$419 \$140 \$105 Additional Codes-Physician Services 99238 <30 Minutes | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 15 Minutes 2 3 \$278 \$139 \$93 Additional Codes-Physician Services 99232 25 minutes 2 2 \$210 \$105 \$105 Additional Codes-Physician Services 99233 35 Minutes 3 4 \$419 \$140 \$105 Additional Codes-Physician Services 99238 <30 Minutes | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 25 minutes 2 2 \$210 \$105 \$105 Additional Codes-Physician Services 99233 35 Minutes 3 4 \$419 \$140 \$105 Additional Codes-Physician Services 99238 <30 Minutes | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 35 Minutes 3 4 \$419 \$140 \$105 Additional Codes-Physician Services 99238 <= 30 Minutes | Additional Codes-Physician Services | | 99231 | | 15 Minutes | 2 | 3 | \$278 | \$139 | \$93 | 2 |
| Additional Codes-Physician Services 99238 <= 30 Minutes | Additional Codes-Physician Services | | 99232 | | 25 minutes | 2 | 2 | \$210 | \$105 | \$105 | 1 |
| Additional Codes-Physician Services 99239 > 30 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 \$0 <td>Additional Codes-Physician Services</td> <td></td> <td>99233</td> <td></td> <td>35 Minutes</td> <td>3</td> <td>4</td> <td>\$419</td> <td>\$140</td> <td>\$105</td> <td>1</td> | Additional Codes-Physician Services | | 99233 | | 35 Minutes | 3 | 4 | \$419 | \$140 | \$105 | 1 |
| Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0< | Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| The state of the s | Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| LifeWays | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| LifeWays | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 2 | 291 | \$1,323 | \$662 | \$5 | 146 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 2 | 2 | \$245 | \$122 | \$122 | 1 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 607 | 654 | \$96,413 | \$159 | \$147 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 9 | 89 | \$42,847 | \$4,761 | \$481 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 4 | 35 | \$2,808 | \$702 | \$80 | 9 |
| Assessment | | H0031 | | Encounter | 567 | 572 | \$124,629 | \$220 | \$218 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 53 | 56 | \$16,420 | \$310 | \$293 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 315 | 609 | \$52,773 | \$168 | \$87 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 6 | 36 | \$6,543 | \$1,091 | \$182 | 6 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 419 | 38,992 | \$2,922,085 | \$6,974 | \$75 | 93 |
| Home Based Services | | H0036 | ST | 15 Minutes | 18 | 1,131 | \$78,456 | \$4,359 | \$69 | 63 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 1 | 81 | \$3,825 | \$3,825 | \$47 | 81 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$258,015 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| LifeWays | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 3 | 71 | \$9,136 | \$3,045 | \$129 | 24 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 83 | 296 | \$19,769 | \$238 | \$67 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 5 | 3,329 | \$34,412 | \$6,882 | \$10 | 666 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 14 | 2,923 | \$13,694 | \$978 | \$5 | 209 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 21 | 1,530 | \$83,536 | \$3,978 | \$55 | 73 |
| Wraparound (SED Waiver) | | H2022 | | Days | 11 | 293 | \$90,591 | \$8,236 | \$309 | 27 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 2 | 46 | \$10,679 | \$5,340 | \$232 | 23 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 86 | 9,221 | \$658,536 | \$7,657 | \$71 | 107 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| LifeWays | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 1 | 22 | \$1,530 | \$1,530 | \$70 | 22 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 26 | 332 | \$56,475 | \$2,172 | \$170 | 13 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 16 | 372 | \$46,448 | \$2,903 | \$125 | 23 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 1 | 1 | \$107 | \$107 | \$107 | 1 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 209 | 209 | \$40,286 | \$193 | \$193 | 1 |
| Health Services | | T1002 | | Up to 15 min | 33 | 55 | \$6,175 | \$187 | \$112 | 2 |
| Respite Care | | T1005 | | 15 Minutes | 29 | 17,612 | \$36,227 | \$1,249 | \$2 | 607 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 11 | 220 | \$10,502 | \$955 | \$48 | 20 |
| Targeted Case Management | | T1017 | | 15 minutes | 96 | 1,729 | \$71,266 | \$742 | \$41 | 18 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 237 | 296 | \$52,547 | \$222 | \$178 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| LifeWays | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 16 | 28 | \$7,453 | \$466 | \$266 | 2 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 20 | 265 | \$4,594 | \$230 | \$17 | 13 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,379 | | \$6,553,275 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Local Psychiants Highlight DPT08 bendied per deem 0000 PT86 Dps 13 142 SR138 SA20 SS73 ST7 Local Psychiants Highlight DPT08 bendied per deem 01000 PT86 Dps 10 88 SR134 SA30 SS73 ST7 ST7 ST8 Local Psychiants Highlight DPT08 bendied per deem 01000 PT87 Dps 0 0 0 0 30 SG 0 50 SG 0 0 Color December Highlight DPT08 bendied per deem 01000 PT73 Dps 0 0 0 0 0 30 SG 0 50 SG 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Livingston Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|----------------------|--------------|----------|---------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Local Psychiatric Report MEDIP (Prosposed and eate) | | | Tier es esue | | | | | | | | |
| Local Processing Man Prifesphysician cone cachader 014, 1024, 0154 P786 Doys 0 0 0 9 9 9 9 9 9 10 10 | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Load Psychiatric Reposit Alone (Technology Control Period Psychiatric Reposit Alone (Comminy) PT7-Pseuchold (100 | | | E4 | | | | | | | | |
| Local Psychiatric Hospital Acases Community PT73 molitals 1000 1773 1009 8 8 84 \$58,165 \$95,211 \$907 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$ | | | | | | | | | | | |
| Part | | | 54 | | <u>*</u> | | | <u> </u> | | | |
| Part | Local Psychiatric Hospital - Acute Community P17/3bundled per diem | 0100 | | | Days | | | \$219,431 | | | 10 |
| Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 8 | 84 | \$76,166 | \$9,521 | \$907 | 11 |
| PT08 | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 54 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital Acester Community | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 54 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Imputient Hospital Ancillary Services - Room and Board | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Leave of Absence 0183 Days 0 0 0 80 80 80 80 0 0 1 1 1 1 1 1 1 1 1 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 0 0 0 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Almerical Surgical Surgicial Surgici | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307 # of tests 0 0 50 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inguient Hospital Ancillary Services - Radiology 0320 # of tests 0 0 0 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ | Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 |)7 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0.430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Magnetic Resonance Colora Col | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of units 0 0 50 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 1 25 \$23,721 \$23,721 \$949 25 Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 # of visits 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services - Option Psychological Treatments/Services Option Opt | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 1 | 25 | \$23,721 | \$23,721 | \$949 | 25 |
| Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 \$0 \$0 | | | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | 0913 | | | · · · · · · · · · · · · · · · · · · · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | • • | | | | • | | | | | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Livingston | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 8 | 11 | \$5,015 | \$627 | \$456 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 9 | 674 | \$18,070 | \$2,008 | \$27 | 75 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 9 | 4,342 | \$115,714 | \$12,857 | \$27 | 482 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 8 | 148 | \$8,720 | \$1,090 | \$59 | 19 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 8 | 445 | \$26,798 | \$3,350 | \$60 | 56 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 8 | 42 | \$5,057 | \$632 | \$120 | 5 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 1 | 1 | \$467 | \$467 | \$467 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 84 | 84 | \$47,881 | \$570 | \$570 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 41 | 113 | \$15,415 | \$376 | \$136 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | - | 90834 | | 45 Minutes | 73 | 402 | \$85,095 | \$1,166 | \$212 | 6 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Livingston | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|---------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 86 | 520 | \$145,007 | \$1,686 | \$279 | 6 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 43 | 137 | \$33,198 | \$772 | \$242 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 116 | 615 | \$141,622 | \$1,221 | \$230 | 5 |
| Therapy-Family Therapy | | 90849 | | Encounter | 7 | 35 | \$14,389 | \$2,056 | \$411 | 5 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 3 | \$898 | \$898 | \$299 | 3 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

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| Livingston | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$51 | \$51 | \$51 | 1 |
| Occupational Therapy | | 97166 | | Encounter | 1 | 1 | \$116 | \$116 | \$116 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 3 | 84 | \$2,613 | \$871 | \$31 | 28 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Livingston | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$138 | \$138 | \$138 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 4 | 5 | \$1,024 | \$256 | \$205 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 127 | 346 | \$94,603 | \$745 | \$273 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 135 | 490 | \$142,051 | \$1,052 | \$290 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Livingston | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Livingston | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 77 | 79 | \$17,621 | \$229 | \$223 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 178 | 206 | \$88,353 | \$496 | \$429 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 2 | 2 | \$1,084 | \$542 | \$542 | 1 |
| Treatment Planning | | H0032 | | Encounter | 1 | 1 | \$258 | \$258 | \$258 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 1 | 1 | \$223 | \$223 | \$223 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 176 | 16,640 | \$1,143,860 | \$6,499 | \$69 | 95 |
| Home Based Services | | H0036 | ST | 15 Minutes | 10 | 122 | \$8,406 | \$841 | \$69 | 12 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 1 | 10 | \$461 | \$461 | \$46 | 10 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 13 | 351 | \$16,167 | \$1,244 | \$46 | 27 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 8 | 77 | \$13,456 | \$1,682 | \$175 | 10 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 1 | 1 | \$64 | \$64 | \$64 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 33 | 87 | \$6,856 | \$208 | \$79 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 71 | 3,713 | \$256,754 | \$3,616 | \$69 | 52 |
| Wraparound (SED Waiver) | | H2022 | | Days | 14 | 241 | \$70,818 | \$5,058 | \$294 | 17 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Livingston | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|----------------|----------------|----------|--------------------|-------|-------|-----------------|------------|--------------|-----------|
| Service Category | Tto rende code | | | | | 0 | \$0 | | | |
| Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | ПГ | Per Mile | | | | \$0 \$0 | | 0 |
| Family Training - EBP | | S5110 S5111 | | 15 Minutes | 20 | 172 | \$0 \$51,493 | \$2,575 | \$0 \$299 | 9 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$31,493 | \$2,373 | \$299 | 0 |
| Family Training | | | HM | Encounter | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Family Training | | S5111 | ПІИ | Encounter | 0 | 0 | | | | |
| Foster Care | | S5140 S5145 | | Days | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Foster Care | | S5150 | | Days 15 Minutes | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Respite Respite | | S5150 | | Per Diem | 0 | 0 | \$0 \$0 | \$0 | \$0 \$0 | 0 |
| | | | | | 0 | 0 | \$0 \$0 | \$0 \$0 | | |
| Personal Emergency Response System (PERS) | | S5160 S5161 | | Encounter | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Personal Emergency Response System (PERS) | | | | Month | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Environmental Modification | | S5165 | | Service | | | | | | |
| Enhanced Medical Equipment-Supplies | | S5199 S8990 | | Items | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Occupational or Physical Therapy | | | | Encounter | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | |
| Health Services Health Services | | S9445 S9446 | | Encounter | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| | | | | Encounter | | | | | | |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Prevention Services - Direct Model | | S9482 S9484 | | 15 minutes | 0 | | \$0 | | | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | 13 | Hour | | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | HF | Days | 0 | | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | ПГ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | IE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 7 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | | 7 | \$488 | \$70 | \$70 | 1 |
| Respite Care | | T1005 | TD | 15 Minutes | 35 | 8,559 | \$36,290 | \$1,037 | \$4 | 245 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 13 | 106 | \$7,424 | \$571 | \$70 | 8 |
| Targeted Case Management | | T1017 | | 15 minutes | 35 | 360 | \$25,510 | \$729 | \$71 | 10 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 2 | 11 | \$790 | \$395 | \$72 | 6 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 6 | 6 | \$1,659 | \$277 | \$277 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Livingston | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 420 | | \$3,103,115 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Macomb | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 175 | 1,678 | \$973,977 | \$5,566 | \$580 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 1 | 10 | \$2,106 | \$2,106 | \$211 | 10 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 86 | 575 | \$332,499 | \$3,866 | \$578 | 7 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 2 | 60 | \$7,495 | \$3,748 | \$125 | 30 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 18 | \$12,518 | \$12,518 | \$695 | 18 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 329 | 2,419 | \$668,422 | \$2,032 | \$276 | 7 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Part | Macomb | D Co. I. | HCDCC C. 1. | M. Ec. | Unit | Corre | YY-14 - | G. v. | C1/C | Contract | Unit/Case |
|---|---|--------------|-------------|----------|------------------|-------|---------|-----------|---------|----------|-----------|
| Mattheward Code-Perf Asserbses 1918 Minutes 0 0 93 30 30 30 30 30 | Service Category | | neres code | Wodiller | | | | | | | |
| Materian Miller | | es 0940-0942 | | | | | | | | | 0 |
| MAR Individual Assertance 0.99T U5 Exchandinaria 1 1 599 | | | | | | | | <u> </u> | | | 0 |
| MAX Indicational Follow-up Assessment 9,027 | , | 0901 | | | | | | <u> </u> | | | 0 |
| ABA Adaptive Fronteners ABA Adaptive Echnor Treatment ABA A | _ | | | | Encounter | 15 | 20 | | | | 1 |
| ABA Adaptive Frontzone 108 of 108 | ABA Behavioral Follow-up Assessment | | | | First 30 Minutes | | 1 | \$59 | | | 1 |
| ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment BOSET | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Cfromp Adaptive Behavior Treatment | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 17 | 878 | \$23,713 | \$1,395 | \$27 | 52 |
| ABA Cfromp Adaptive Behavior Treatment ABA Cfromp Adaptive Behavior ABA Cfromp Behavior Treatment Guidance ABA Chaptive Behavior Treatment | ABA Adaptive Treatment | | 0365T | U5 | | 17 | 5,083 | \$137,339 | \$8,079 | \$27 | 299 |
| All A Clinical Observators and Direction of Adaptive Relavive Teatment All A Clinical Observators and Direction of Adaptive Relavive Teatment BAR A Clinical Observators and Direction of Adaptive Relavive Teatment Guidance 63707 US Eacounter 63717 US Eacounter 7471 US Eacounter 75718 US Eacounter 75 | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie National Materian and Direction of Adaptive Behavior 1987 1988 1888 1818 18 | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie Mari | ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 16 | 233 | \$13,708 | \$857 | \$59 | 15 |
| ABA Family Behavior Treatment Goidance 0371T U5 Encounter 0 0 50 50 50 50 50 50 50 50 50 50 50 50 | ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | | 16 | 716 | \$42,123 | \$2,633 | \$59 | 45 |
| ABA Adaptive Behavior Treatment Social Skills Group | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 14 | 39 | \$4,588 | \$328 | \$118 | 3 |
| ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 50 50 50 50 50 50 50 50 50 50 50 50 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 80 80 80 80 80 80 80 80 80 80 80 8 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pring Screen \$805 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Progress Substance Subst | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Purp Screen S0307 Encounter 0 0 0 S0 S0 S0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 \$0 \$0 Assessment 90791 Encounter 184 190 \$37,528 \$204 \$198 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 <td>Interactive Complexity - Add On Code</td> <td></td> <td>90785</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 184 190 \$37,528 \$204 \$198 Substance Use: Assessment 90791 HF Encounter 0 0 0 50 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 0 50 \$0 \$0 \$0 Assessment for Autism 90792 Encounter 283 292 \$69,382 \$245 \$238 Substance Use: Assessment 90792 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 Assessment for Autism 90832 30 Minutes 209 736 \$127,522 \$610 \$173 Substance Use Disorder: Outpatient Care 90833 HF 30 Minutes 0 0 0 \$0 \$0 \$0 Assessment 90833 30 Minutes 9 9 9 \$1,497 \$166 \$166 Mental Health: Outpatient Care 90834 45 Minutes 471 1,666 \$254,749 \$541 \$153 Substance Use Disorder: Outpatient Care 9090,0906,0914, 90834 HF 45 Minutes 0 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Outpatient Care 9090,0906,0914, 90834 HF 45 Minutes 0 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Outpatient Care 9090,0906,0914, 90834 HF 45 Minutes 0 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Outpatient Care 9090,0906,0914, 90834 HF 45 Minutes 0 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Outpatient Care 9090,0906,0914, 90834 HF 45 Minutes 0 0 0 0 \$0 \$0 \$0 \$0 \$0 Substance Use Disorder: Outpatient Care 9090,0906,0914, 90834 HF 45 Minutes 0 0 0 0 0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 <td>Substance Abuse - Interactive Complexity - Add On Code</td> <td></td> <td>90785</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 184 | 190 | \$37,528 | \$204 | \$198 | 1 |
| Assessment 90792 Encounter 283 292 \$69,382 \$245 \$238 Substance Use: Assessment 90792 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 209 736 \$127,522 \$610 \$173 Substance Use Disorder: Outpatient Care 90832 HF 30 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Outpatient Care 90833 30 Minutes 9 9 9 \$1,497 \$166 \$166 Mental Health: Outpatient Care 90834 45 Minutes 471 1,666 \$254,749 \$541 \$153 Substance Use Disorder: Outpatient Care 9090, 0906, 0914, 0908, 0914, 0915, 0916, 0919 Note that Health: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 Note that Health: Outpatient Care 0900, 0906, 0914, 0908, 0914, 0915, 0916, 0919 Note that Health: Outpatient Care 0900, 0906, 0914, 0918 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 50 50 \$0 Assessment for Autism 90792 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 209 736 \$127,522 \$610 \$173 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 9 9 \$1,497 \$166 \$166 Mental Health: Outpatient Care 90834 45 Minutes 471 1,666 \$254,749 \$541 \$153 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ | Assessment | | 90792 | | Encounter | 283 | 292 | \$69,382 | \$245 | \$238 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 209 736 \$127,522 \$610 \$173 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 0 \$0 <td>Assessment for Autism</td> <td></td> <td>90792</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 Assessment 90833 30 Minutes 9 9 9 \$1,497 \$166 \$166 Mental Health: Outpatient Care 90834 45 Minutes 471 1,666 \$254,749 \$541 \$153 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 HF 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 209 | 736 | \$127,522 | \$610 | \$173 | 4 |
| Mental Health: Outpatient Care 90834 45 Minutes 471 1,666 \$254,749 \$541 \$153 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90833 | | 30 Minutes | 9 | 9 | \$1,497 | \$166 | \$166 | 1 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 471 | 1,666 | \$254,749 | \$541 | \$153 | 4 |
| Assessment 90836 45 Minutes 11 17 \$3,669 \$334 \$216 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 11 | 17 | \$3,669 | \$334 | \$216 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Mean Name Name Name Section Se | Macomb | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|--------------|------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Sebasane (Us Booker Corputers Care | | Revenue Code | | Wodiffer | | | | | | | |
| Secondary Seco | | | | | | | | | | | |
| Psycholenergy for Cinii Endo Malesian 39 Mentes | | | | HF | | | | | | | |
| Psychology for Critis Each Additional 30 Minutes | - | | | | | | | | | | |
| Peterps Fund Peterps Sold Sold | Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | | | | | | |
| Substance Use Denother: Organizent Treatment Organ, 1998, 1998, 1998, 1998 Processor Organizent Treatment Organ, 1998, 1998, 1998 Processor Organizent Treatment Organi | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Package Funily Therapy | Therapy-Family Therapy | | 90846 | | Encounter | 40 | 115 | \$32,223 | \$806 | \$280 | 3 |
| Substance Use Disorder: Outpatient Treatment 0900, 0006, 0014, 98887 HF Encounter 0 0 30 50 50 50 50 50 | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Purspay Purspay 9889 Encounter 0 | Therapy-Family Therapy | | 90847 | | Encounter | 661 | 3,246 | \$316,296 | \$479 | \$97 | 5 |
| Descript Family Tentopy 9849 HS Encounter 0 0 50 50 50 50 0 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment 1900, 1906, 1914, 198849 1818 Encounter 1900, 1901, | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Deltargy Coup Terapy | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment (9800, 0906, 0914, 90853 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Planmacological Management (SED Waiver) | Therapy-Group Therapy | | 90853 | | Encounter | 5 | 14 | \$1,242 | \$248 | \$89 | 3 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 50 50 50 0 Assessments-Other 90887 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92507 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92508 Encounter 0 0 50 <td>Pharmacological Management (SED Waiver)</td> <td></td> <td>90863</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 50 50 50 50 0 5 5 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 50 50 50 50 0 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 S0 S0 S0 S0 S0 S0 | Speech & Language Therapy | | 92507 | | Encounter | 3 | 64 | \$6,965 | \$2,322 | \$109 | 21 |
| Speech & Language Therapy 92522 Encounter 0 0 S0 S0 S0 S0 S0 S0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 3 3 \$434 \$145 \$145 \$1 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 50 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 92610 Encounter 0 0 50 | Speech & Language Therapy | | 92523 | | Encounter | 3 | 3 | \$434 | \$145 | \$145 | 1 |
| Speech & Language Therapy 92607 First Hour 0 0 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 50 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 92610 Encounter 0 0 50 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Nimutes No. No. | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$267 \$2 Assessment for Autism 96101 U5 Hour 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 7 13 \$3,468 \$495 \$267 2 Assessment for Autism 96101 U5 Hour 0 0 \$0 < | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 \$ | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 7 | 13 | \$3,468 | \$495 | \$267 | 2 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | - | 96103 | - | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Macomb | | | | Unit | | | | | | |
|---|----------------|-----------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code H | CPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 3 | 6 | \$802 | \$267 | \$134 | 2 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 1 | 134 | \$4,020 | \$4,020 | \$30 | 134 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 1 | 20 | \$624 | \$624 | \$31 | 20 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 1 | 1 | \$129 | \$129 | \$129 | 1 |
| Physical Therapy | | 97162 | | Encounter | 1 | 1 | \$129 | \$129 | \$129 | 1 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 14 | 14 | \$2,764 | \$197 | \$197 | 1 |
| Occupational Therapy | | 97166 | | Encounter | 10 | 11 | \$1,959 | \$196 | \$178 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 1 | 1 | \$119 | \$119 | \$119 | 1 |
| Occupational Therapy | | 97168 | | Encounter | 2 | 2 | \$73 | \$37 | \$37 | 1 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 24 | 2,478 | \$74,466 | \$3,103 | \$30 | 103 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 13 | 251 | \$9,175 | \$706 | \$37 | 19 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 1 | 1 | \$90 | \$90 | \$90 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Macomb | | wanaa a . | | Unit | | ** . | | | | ** 1.49 |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 3 | 3 | \$603 | \$201 | \$201 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 49 | 63 | \$3,958 | \$81 | \$63 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 356 | 931 | \$63,437 | \$178 | \$68 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 429 | 2,015 | \$285,977 | \$667 | \$142 | 5 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 85 | 123 | \$33,366 | \$393 | \$271 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Macomb | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Macomb | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 62 | 569 | \$213,112 | \$3,437 | \$375 | 9 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 1,218 | 2,181 | \$306,331 | \$252 | \$140 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 23 | 24 | \$11,778 | \$512 | \$491 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 816 | 1,246 | \$157,439 | \$193 | \$126 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 384 | 601 | \$58,021 | \$151 | \$97 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 2 | 2 | \$55 | \$28 | \$28 | 1 |
| Home Based Services | | H0036 | | 15 Minutes | 232 | 27,829 | \$1,339,732 | \$5,775 | \$48 | 120 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Macomb | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 1 | 73 | \$0 | \$0 | \$0 | 73 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 1 | 73 | \$8,181 | \$8,181 | \$112 | 73 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 1 | 7 | \$1,016 | \$1,016 | \$145 | 7 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 54 | 632 | \$52,853 | \$979 | \$84 | 12 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 3 | 19 | \$1,587 | \$529 | \$84 | 6 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 146 | 225,808 | \$1,353,473 | \$9,270 | \$6 | 1,547 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 1 | 280 | \$732 | \$732 | \$3 | 280 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 22 | 616 | \$49,860 | \$2,266 | \$81 | 28 |
| Behavior Services | | H2019 | TT | 15 Minutes | 13 | 852 | \$14,393 | \$1,107 | \$17 | 66 |
| Wraparound | | H2021 | | 15 Minutes | 93 | 5,612 | \$455,334 | \$4,896 | \$81 | 60 |
| Wraparound (SED Waiver) | | H2022 | | Days | 58 | 1,074 | \$378,197 | \$6,521 | \$352 | 19 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Macomb | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|---------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 140 | 1,005 | \$173,051 | \$1,236 | \$172 | 7 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 100 | 1,484 | \$309,472 | \$3,095 | \$209 | 15 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 2 | 7 | \$1,841 | \$921 | \$263 | 4 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 3 | 203 | \$8,083 | \$2,694 | \$40 | 68 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 1 | 1 | \$475 | \$475 | \$475 | 1 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 6 | 7 | \$3,323 | \$554 | \$475 | 1 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 1 | 1 | \$45 | \$45 | \$45 | 1 |
| Health Services | | T1002 | | Up to 15 min | 18 | 58 | \$5,317 | \$295 | \$92 | 3 |
| Respite Care | | T1005 | | 15 Minutes | 132 | 115,878 | \$625,483 | \$4,739 | \$5 | 878 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 8 | 4,590 | \$15,967 | \$1,996 | \$3 | 574 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 24 | 257 | \$17,356 | \$723 | \$68 | 11 |
| Targeted Case Management | | T1017 | | 15 minutes | 529 | 8,613 | \$652,605 | \$1,234 | \$76 | 16 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Macomb | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 12 | 95 | \$11,439 | \$953 | \$120 | 8 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 19 | 55 | \$11,418 | \$601 | \$208 | 3 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 13 | 153 | \$4,044 | \$311 | \$26 | 12 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,862 | | \$10,235,144 | | | |

Children with Serious Emotional Disturbance

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 10 | 76 | \$77,256 | \$7,726 | \$1,017 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 9 | \$7,188 | \$7,188 | \$799 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$38,825 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Manistee-Benzie (Centra Wellness) | | | | Unit | | ** . | | | | ** |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 2 | 3 | \$1,111 | \$556 | \$370 | 2 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 1 | 2 | \$267 | \$267 | \$134 | 2 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 1 | 10 | \$1,230 | \$1,230 | \$123 | 10 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 1 | 43 | \$3,069 | \$3,069 | \$71 | 43 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 1 | 188 | \$12,144 | \$12,144 | \$65 | 188 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 1 | 9 | \$789 | \$789 | \$88 | 9 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 1 | 13 | \$1,095 | \$1,095 | \$84 | 13 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 1 | 1 | \$162 | \$162 | \$162 | 1 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 30 | 30 | \$27,991 | \$933 | \$933 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 52 | 77 | \$9,480 | \$182 | \$123 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 111 | 308 | \$53,814 | \$485 | \$175 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 150 | 840 | \$173,128 | \$1,154 | \$206 | 6 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 1 | 2 | \$3,429 | \$3,429 | \$1,715 | 2 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 1 | 2 | \$1,176 | \$1,176 | \$588 | 2 |
| Therapy-Family Therapy | | 90846 | | Encounter | 5 | 13 | \$4,155 | \$831 | \$320 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 9 | 17 | \$3,278 | \$364 | \$193 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 7 | 39 | \$10,929 | \$1,561 | \$280 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 7 | \$11,961 | \$11,961 | \$1,709 | 7 |
| Assessment for Autism | | 96101 | U5 | Hour | 2 | 2 | \$1,837 | \$919 | \$919 | 1 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Manistee-Benzie (Centra Wellness) | | | Unit | | | | | | |
|---|-----------------------|-------------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code HCPCS Co | de Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | 96372 | | Encounter | 1 | 1 | \$209 | \$209 | \$209 | 1 |
| Occupational or Physical Therapy | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 97803 | · | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | 97804 | · | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 97810 | · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Manistee-Benzie (Centra Wellness) | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | | Measure | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 11 | 13 | \$4,185 | \$380 | \$322 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 3 | 12 | \$2,659 | \$886 | \$222 | 4 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 63 | 195 | \$67,249 | \$1,067 | \$345 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 2 | 16 | \$11,125 | \$5,563 | \$695 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 209 | 4,156 | \$949,580 | \$4,543 | \$228 | 20 |
| Assessment | | H0031 | | Encounter | 229 | 233 | \$82,201 | \$359 | \$353 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 6 | 7 | \$4,703 | \$784 | \$672 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 156 | 283 | \$64,557 | \$414 | \$228 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 3 | 3 | \$664 | \$221 | \$221 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 36 | 3,228 | \$279,342 | \$7,760 | \$87 | 90 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 6 | \$330 | \$330 | \$55 | 6 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 1 | 33 | \$1,377 | \$1,377 | \$42 | 33 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 2 | 28 | \$8,277 | \$4,139 | \$296 | 14 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 31 | 118 | \$31,327 | \$1,011 | \$265 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 75 | \$751 | \$751 | \$10 | 75 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 2 | 71 | \$8,287 | \$4,144 | \$117 | 36 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 1 | 42 | \$1,314 | \$1,314 | \$31 | 42 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 2 | 2 | \$1,022 | \$511 | \$511 | 1 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 3 | 479 | \$1,755 | \$585 | \$4 | 160 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | 15 minutes | 34 | 411 | \$41,971 | \$1,234 | \$102 | 12 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 22 | 34 | \$9,798 | \$445 | \$288 | 2 |
| | | | | | | | * * | - | | |

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 1 | 6 | \$527 | \$527 | \$88 | 6 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | · | ALL | · | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 480 | | \$2,017,524 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Lead Psychiatric Regional Regional Margin Regional Region | Monroe Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|----------------------|------------|----------|---------------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Lead Psychalite Richard DPT Psychystesian controls 1100 110 | | | | | | | | | | | |
| | · | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Load Psychiatric Repeals Author Effogials Author Effogi | , i i | | 154 | | | | | 17 | , | | |
| Part | · | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Personal P | | | 154 | | <u>-</u> | | | | | | |
| Part | | 0100 | | P1/3 | Days | 3 | 19 | \$14,654 | \$4,885 | \$//1 | 6 |
| Part | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 4 | 25 | \$19,281 | \$4,820 | \$771 | 6 |
| PT68 Annount PT68 Annount 0 0 0 0 0 0 0 0 0 | | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 2 | 14 | \$5,260 | \$2,630 | \$376 | 7 |
| Decal Psychiatric Hospital Accust Community | | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inspition Hospital Aucillary Services - Room and Board | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Imputient Hospital Ancellary Services - Leave of Absence 0183 020-0254, 0257-0258 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 0 0 0 50 50 50 50 0 0 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Medical Surgicul Surgicu | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory 030-0302, 0305-0307 0 of fiests 0 0 0 0 0 0 0 0 0 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquient Hospital Ancillary Services - Radiology | | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anserbisa's 0370 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0.30-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Paptient Hospital Ancillary Services - Audiology 0470-0472 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Colore Col | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance O610-0611 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services - Psychiatric/Psychological O900, 0902-0904, 0911, 0914-0919 | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - Psychiatric/Psychological | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 \$0 \$0 0 | · | | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | 0 | 0 | | | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | | | | • | | | | | | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Monroe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 8 | 10 | \$5,656 | \$707 | \$566 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 5 | 456 | \$12,230 | \$2,446 | \$27 | 91 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 5 | 2,174 | \$58,285 | \$11,657 | \$27 | 435 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 5 | 74 | \$4,756 | \$951 | \$64 | 15 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 5 | 184 | \$11,839 | \$2,368 | \$64 | 37 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 4 | 14 | \$1,800 | \$450 | \$129 | 4 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 3 | 3 | \$713 | \$238 | \$238 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 77 | 77 | \$20,940 | \$272 | \$272 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 25 | 144 | \$19,542 | \$782 | \$136 | 6 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | - | 90834 | | 45 Minutes | 132 | 1,141 | \$201,854 | \$1,529 | \$177 | 9 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Monroe | D | Hanas a 1 | M 115 | Unit | G. | TT 1: | | 0.10 | G vill i | II : // C |
|---|---------------------------------------|---------------------------------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 32 | 106 | \$28,686 | \$896 | \$271 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 95 | 470 | \$154,059 | \$1,622 | \$328 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 122 | 644 | \$133,862 | \$1,097 | \$208 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 15 | 71 | \$17,793 | \$1,186 | \$251 | 5 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 2 | 2 | \$80 | \$40 | \$40 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 2 | 6 | \$1,527 | \$764 | \$255 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Part | Monroe | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Near-growth scrip Psychethys 90118 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertation for Asserting Section Sectio | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Open Company (1) | Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertation Section | Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropen Chart Antinia wComp 94021 96122 0 0 0 50 50 50 50 0 0 0 0 0 0 0 50 50 5 | Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment-Other | Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decognization of Physical Therapy | Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secondation of Physical Therapy | Medication Administration | | 96372 | | Encounter | 1 | 1 | \$440 | \$440 | \$440 | 1 |
| Companional or Physical Therapy | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Computational or Physical Therapy | Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97140 15 Minutes 0 0 SO SO 50 O Occupational or Physical Therapy 97190 Encounter 0 0 SO SO SO 0 Physical Therapy 97161 Encounter 0 0 SO | Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97150 Encounter 0 0 80 80 90 Physical Therapy 97161 Encounter 0 0 80 80 80 0 Physical Therapy 97162 Encounter 0 0 50 50 50 0 Physical Therapy 97163 Encounter 0 0 50 50 50 0 Physical Therapy 97164 Encounter 0 0 50 50 50 0 Occupational Therapy 97165 Encounter 0 0 50 50 50 0 Occupational Therapy 97166 Encounter 0 0 50 50 50 0 Occupational Therapy 97167 Encounter 0 0 50 50 50 0 Occupational Crimary 97168 Encounter 0 0 50 50 50 0 Occupational Crimary | Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97167 Encounter 0 0 SO SO SO O Occupational Therapy 97168 Encounter 0 0 50 SO SO 0 Occupational or Physical Therapy 97530 15 Minutes 0 0 SO | Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$311 | \$311 | \$311 | 1 |
| Occupational Therapy 97168 Encounter 0 0 \$0 < | Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97530 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 90 80 80 80 0 Occupational or Physical Therapy 97533 15 Minutes 1 16 \$2,364 \$148 16 Occupational or Physical Therapy 97535 15 Minutes 0 0 90 80 80 80 0 Occupational or Physical Therapy 97537 15 Minutes 0 0 90 80< | Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 S0 S0 S0 0 Occupational or Physical Therapy 97533 15 Minutes 1 16 \$2,364 \$2,364 \$148 16 Occupational or Physical Therapy 97535 15 Minutes 0 0 S0 S0 S0 0 Occupational or Physical Therapy 97537 15 Minutes 0 0 S0 \$0 \$0 0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 <th< td=""><td>Occupational Therapy</td><td></td><td>97168</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<> | Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy 97533 15 Minutes 1 16 \$2,364 \$2,364 \$148 16 | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 1 | 16 | \$2,364 | \$2,364 | \$148 | 16 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97535</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy 97755 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 0 0 \$0 | | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 30 Minutes 0 0 \$ | Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Monroe | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$411 | \$411 | \$411 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 10 | 11 | \$2,363 | \$236 | \$215 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 38 | 65 | \$8,252 | \$217 | \$127 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 130 | 370 | \$73,619 | \$566 | \$199 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 48 | 68 | \$18,654 | \$389 | \$274 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Monroe | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Monroe | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 120 | 124 | \$16,467 | \$137 | \$133 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 1 | 8 | \$3,864 | \$3,864 | \$483 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 289 | 562 | \$212,031 | \$734 | \$377 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 5 | 6 | \$478 | \$96 | \$80 | 1 |
| Treatment Planning | | H0032 | | Encounter | 1 | 1 | \$248 | \$248 | \$248 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 59 | 5,928 | \$332,679 | \$5,639 | \$56 | 100 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 12 | 145 | \$2,857 | \$238 | \$20 | 12 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 10 | 133 | \$2,727 | \$273 | \$21 | 13 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Monroe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 47 | 153 | \$21,680 | \$461 | \$142 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 8 | 496 | \$1,622 | \$203 | \$3 | 62 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 35 | 3,373 | \$168,953 | \$4,827 | \$50 | 96 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 2 | 22 | \$529 | \$265 | \$24 | 11 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Monroe | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Coot/Unit | Unit/Case |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Modifier | Measure | | | | | Cost/Unit | |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 64 | 420 | \$44,387 | \$694 | \$106 | 7 |
| Family Training | | S5111 | HA | Encounter | 2 | 11 | \$1,040 | \$520 | \$95 | 6 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 2 | 3 | \$1,546 | \$773 | \$515 | 2 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 8 | 285 | \$12,295 | \$1,537 | \$43 | 36 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 16 | 6,876 | \$26,541 | \$1,659 | \$4 | 430 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | 15 minutes | 278 | 4,908 | \$341,646 | \$1,229 | \$70 | 18 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 64 | 83 | \$28,985 | \$453 | \$349 | 1 |
| | | | | | ~ . | *** | 7-0,000 | T - T - T | 74.77 | |

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| Monroe | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 12 | 131 | \$11,461 | \$955 | \$87 | 11 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 1 | 5 | \$698 | \$698 | \$140 | 5 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | <u> </u> | ALL | | <u>- </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 481 | | \$2,300,699 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 17 | 165 | \$165,460 | \$9,733 | \$1,003 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 1 | 7 | \$1,398 | \$1,398 | \$200 | 7 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 3 | 27 | \$19,575 | \$6,525 | \$725 | 9 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 2 | 20 | \$5,253 | \$2,627 | \$263 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 3 | 38 | \$31,540 | \$10,513 | \$830 | 13 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 5 | \$725 | \$725 | \$145 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 2 | 11 | \$9,130 | \$4,565 | \$830 | 6 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$900 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$1,660 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 1 | 3 | \$469 | \$469 | \$156 | 3 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 4 | 4 | \$1,495 | \$374 | \$374 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 6 | 158 | \$4,152 | \$692 | \$26 | 26 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 6 | 1,004 | \$26,912 | \$4,485 | \$27 | 167 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 6 | 38 | \$2,443 | \$407 | \$64 | 6 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 5 | 98 | \$6,343 | \$1,269 | \$65 | 20 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 4 | 18 | \$2,375 | \$594 | \$132 | 5 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 1 | 2 | \$60 | \$60 | \$30 | 2 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 38 | 38 | \$37,544 | \$988 | \$988 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 57 | 59 | \$59,812 | \$1,049 | \$1,014 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 84 | 138 | \$12,804 | \$152 | \$93 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 142 | 433 | \$63,658 | \$448 | \$147 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | | | | Unit | _ | | _ | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 124 | 327 | \$51,920 | \$419 | \$159 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 2 | 8 | \$1,901 | \$950 | \$238 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 30 | 57 | \$10,382 | \$346 | \$182 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 1 | 1 | \$1,063 | \$1,063 | \$1,063 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 2 | \$188 | \$188 | \$94 | 2 |
| Assessment for Autism | | 96101 | U5 | Hour | 26 | 81 | \$14,471 | \$557 | \$179 | 3 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | D G 1 | Hanas a 1 | M 116 | Unit | | *** | | 0.10 | G . M. | TI : (C |
|--|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 1 | 1 | \$110 | \$110 | \$110 | 1 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | | Measure | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 9 | 9 | \$3,418 | \$380 | \$380 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 4 | 4 | \$1,652 | \$413 | \$413 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 2 | 2 | \$1,170 | \$585 | \$585 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 20 | 27 | \$3,766 | \$188 | \$139 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 83 | 187 | \$40,674 | \$490 | \$218 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 78 | 163 | \$60,460 | \$775 | \$371 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 17 | 18 | \$11,714 | \$689 | \$651 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Security | Montcalm | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Submente Co Denoted Physical Combabasins 9922 HF 40 Manages 0 0 50 50 0 Submene Co Denoted Physical Combabasins 9225 HF 80 Manages 0 0 50 50 50 0 Submene Co Denoted Physical Combabasins 9225 HF 80 Manages 0 0 50 50 50 0 Stream Evaluation and monogeneer 9905 35 Manages 0 0 50 50 50 0 Stream Evaluation and management 9905 35 Manages 0 0 50 <td< td=""><td>Service Category</td><td>Revenue Code</td><td>HCPCS Code</td><td>Modifier</td><td></td><td>Cases</td><td>Units</td><td>Cost</td><td>Cost/Case</td><td>Cost/Unit</td><td>Unit/Case</td></td<> | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance University Physician Consultations 9233 18 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sphemer Processor Communications 925.5 FF 90 Minutes 0 0 150 30 30 90 0 | Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sphammer Sich Benedier Physician Consortations 9925 95 90 90 90 90 90 90 9 | Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nurse persists Nervises evaluation and management 9934 35 mineres 0 0 90 90 90 90 90 90 | Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neming Facility Services evaluation and management 99105 35 Minates 0 0 50 50 50 0 0 0 0 | Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Norting Ficility Services evaluation and management | Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Norsing Facility Services condustrion and ransagement 99397 10 Minutes 0 0 0 50 50 50 0 0 Nixoling Facility Services condustrion and ransagement 99398 15 Minutes 0 0 0 50 50 50 0 0 Nixoling Facility Services condustrion and ransagement 99390 22 minutes 0 0 0 50 50 50 50 0 0 Nixoling Facility Services evaluation and ransagement 99310 35 Minutes 0 0 0 50 50 50 50 0 0 Nixoling Facility Services evaluation and ransagement 99320 55 Minutes 0 0 0 50 50 50 50 0 0 Nixoling Facility Services evaluation and ransagement 99324 56 Encounter 0 0 0 50 50 50 50 0 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 0 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 0 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 50 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 50 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 50 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 50 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 0 Nixoling Facility Services evaluation and ransagement 99325 56 Encounter 0 0 0 50 50 50 50 50 0 Nixoling Facility Services evaluation Annual Services Pacility Services evaluation Annual Services Pacility Services evaluation Annual Services Pacility Services Pacility Services evaluation Annual Services Pacility S | Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Pacilly Services evaluation and management 99308 | Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Naming Facility Services evoluntion and nanagement 99309 25 minutes 0 0 0 50 50 50 50 50 00 Naminagement 99310 35 Minutes 0 0 0 50 50 50 50 50 00 10 10 10 10 10 10 10 10 10 10 10 10 | Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nesting Facility Services evaluation and management 93710 3.5 Minutes 0 0 0 50 50 50 50 0 0 Assessment 93724 Incounter 0 0 0 50 50 50 50 50 0 0 Assessment 93725 Facounter 0 0 0 0 50 50 50 50 50 0 0 Assessment 93726 Facounter 0 0 0 0 50 50 50 50 50 0 0 Assessment 93726 Facounter 0 0 0 0 50 50 50 50 50 0 0 0 Assessment 93727 Facounter 0 0 0 0 50 50 50 50 50 0 0 0 Assessment 93728 Facounter 0 0 0 0 50 50 50 50 50 0 0 0 Assessment 93728 Facounter 0 0 0 0 50 50 50 50 50 0 0 0 Assessment 93728 Facounter 0 0 0 0 50 50 50 50 50 0 0 0 0 0 0 0 0 | Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99234 Encounter 0 0 0 50 50 50 50 0 0 Assessment 99256 Encounter 0 0 0 50 50 50 50 0 0 Assessment 99256 Encounter 0 0 0 50 50 50 50 0 0 Assessment 99257 Encounter 0 0 0 50 50 50 50 0 0 Assessment 99258 Encounter 0 0 0 50 50 50 50 0 0 0 Assessment 99258 Encounter 0 0 0 50 50 50 50 0 0 0 0 50 50 50 50 0 0 0 0 0 50 5 | Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99325 | Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99326 Encounter 0 0 \$0 <td>Assessment</td> <td></td> <td>99324</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99335 Eacounter 0 0 50 50 50 50 0 | Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99336 Encounter 0 0 50 50 50 50 0 | Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99337 Encounter 0 0 50 50 50 0 | Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99341 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99342 Encounter 0 0 \$0 | Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99343 Encounter 0 0 SO SO SO O Assessment 99344 Encounter 0 0 SO SO SO O Assessment 99345 Encounter 0 0 SO SO SO O Assessment 99347 Encounter 0 0 SO SO <td>Assessment</td> <td></td> <td>99341</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99344 Encounter 0 0 S0 S0 S0 0 Assessment 99345 Encounter 0 0 \$0 | Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99345 Encounter 0 0 \$0 | Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99347 Encounter 0 0 \$0 | Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99348 Encounter 0 0 50 50 50 0 Assessment 99349 Encounter 0 0 50 50 50 0 Assessment 99350 Encounter 0 0 50 50 50 0 Medication Administration 99506 Encounter 0 0 50 50 50 50 0 Medication Management 99605 15 Minutes 0 0 50 50 50 0 0 Transportation A0080 Per mile 0 0 50 50 50 0 0 Transportation A0100 Per mile 0 0 50 50 50 50 0 Substance Use Disorder: Transportation A0100 Per one-way trip 0 0 50 50 50 0 0 Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 | Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99349 Encounter 0 0 50 50 50 0 Assessment 99350 Encounter 0 0 50 50 50 0 Medication Administration 99506 Encounter 0 0 50 50 50 0 Medication Management 99605 15 Minutes 0 0 50 50 50 50 0 Transportation A0080 Per mile 0 0 50 50 50 50 0 Transportation A0100 Per one-way trip 0 0 50 50 50 50 0 Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 50 50 50 50 0 Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 50 50 50 50 0 Transportation A0110 HF <td>Assessment</td> <td></td> <td>99347</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99350 Encounter 0 0 50 50 50 90 Medication Administration 99506 Encounter 0 0 50 50 50 90 0 Medication Management 99605 15 Minutes 0 0 50 50 50 50 90 0 Transportation A0080 Per mile 0 0 50 50 50 50 50 0 Transportation A0090 Per mile 0 0 50 50 50 50 0 Substance Use Disorder: Transportation A0100 HF Per one-way trip 0 0 50 50 50 0 Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 50 50 50 0 Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 50 50 50 50 0 | Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration 99506 Encounter 0 0 \$0 | Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management 99605 15 Minutes 0 0 \$0 | Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0080 Per mile 0 0 \$0 </td <td>Medication Administration</td> <td></td> <td>99506</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0090 Per mile 0 0 \$0 </td <td>Medication Management</td> <td></td> <td>99605</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0100 Per one-way trip 0 0 \$0 | Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0100 HF Per one-way trip 0 0 \$0 | Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0110 Per one-way trip 0 0 \$0 | Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 \$0 | Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0120 Per one-way trip 0 0 \$0 | Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0130 Per one-way trip 0 0 \$0 | Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0140 Per on visit time 0 0 00 60 60 60 0 | Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation 0 0 0 50 50 50 0 | Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 118 | 120 | \$4,924 | \$42 | \$41 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 342 | 354 | \$58,410 | \$171 | \$165 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 175 | 240 | \$31,148 | \$178 | \$130 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 34 | 40 | \$3,920 | \$115 | \$98 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 260 | 886 | \$978,535 | \$3,764 | \$1,104 | 3 |
| Home Based Services | | H0036 | ST | 15 Minutes | 23 | 739 | \$34,801 | \$1,513 | \$47 | 32 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 5 | 97 | \$5,338 | \$1,068 | \$55 | 19 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | · | NA | <u>-</u> | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 6 | 24 | \$12,515 | \$2,086 | \$521 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 1 | 2 | \$173 | \$173 | \$86 | 2 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 286 | \$10,557 | \$5,279 | \$37 | 143 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 9 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 3 | 42 | \$2,151 | \$717 | \$51 | 14 |
| Behavior Services | | H2019 | TT | 15 Minutes | 2 | 54 | \$2,765 | \$1,383 | \$51 | 27 |
| Wraparound | | H2021 | | 15 Minutes | 8 | 453 | \$39,684 | \$4,961 | \$88 | 57 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 4 | 25 | \$2,168 | \$542 | \$87 | 6 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 12 | 25 | \$2,151 | \$179 | \$86 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Coat/Coas | Cont/Unit | Unit/Case |
|---|---------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Reveilue Code | | Modifier | Measure | | | | Cost/Case | Cost/Unit | |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 24 | 57 | \$20,704 | \$863 | \$363 | 2 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 14 | 14 | \$3,504 | \$250 | \$250 | 1 |
| Health Services | | T1002 | | Up to 15 min | 15 | 169 | \$14,062 | \$937 | \$83 | 11 |
| Respite Care | | T1005 | | 15 Minutes | 32 | 14,360 | \$72,688 | \$2,272 | \$5 | 449 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | 15 minutes | 100 | 2,059 | \$113,161 | \$1,132 | \$55 | 21 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 49 | 62 | \$17,442 | \$356 | \$281 | 1 |
| | | - | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montcalm | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 550 | | \$2,087,401 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 51 | 546 | \$565,358 | \$11,085 | \$1,035 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 7 | 80 | \$83,511 | \$11,930 | \$1,044 | 11 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 2 | 9 | \$4,011 | \$2,006 | \$446 | 5 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Muskegon (HealthWest) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 1 | 1 | \$600 | \$600 | \$600 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 1 | 69 | \$2,588 | \$2,588 | \$38 | 69 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 1 | 190 | \$7,125 | \$7,125 | \$38 | 190 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 14 | \$150 | \$150 | \$11 | 14 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 1 | 39 | \$418 | \$418 | \$11 | 39 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 1 | 9 | \$675 | \$675 | \$75 | 9 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 1 | 13 | \$975 | \$975 | \$75 | 13 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 1 | 14 | \$2,100 | \$2,100 | \$150 | 14 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 1 | 10 | \$643 | \$643 | \$64 | 10 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 246 | 248 | \$55,231 | \$225 | \$223 | 1 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 107 | 251 | \$22,057 | \$206 | \$88 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 133 | 308 | \$35,909 | \$270 | \$117 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Muskegon (HealthWest) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 168 | 715 | \$146,906 | \$874 | \$205 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 40 | 62 | \$17,116 | \$428 | \$276 | 2 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 3 | 14 | \$1,270 | \$423 | \$91 | 5 |
| Therapy-Family Therapy | | 90846 | | Encounter | 38 | 104 | \$33,388 | \$879 | \$321 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 165 | 619 | \$120,713 | \$732 | \$195 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 186 | 918 | \$73,268 | \$394 | \$80 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 28 | 30 | \$1,531 | \$55 | \$51 | 1 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 19 | 39 | \$11,492 | \$605 | \$295 | 2 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 4 | 17 | \$111 | \$28 | \$7 | 4 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 4 | 4 | \$3,011 | \$753 | \$753 | 1 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 3 | \$594 | \$594 | \$198 | 3 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Muskegon (HealthWest) Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| · , | | | HF | | 0 | 0 | \$0 | | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | ПЕ | Encounter | Ü | 0 | 20 | \$0 | 20 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 6 | 6 | \$214 | \$36 | \$36 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 36 | 39 | \$2,148 | \$60 | \$55 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 120 | 160 | \$13,476 | \$112 | \$84 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 232 | 394 | \$50,659 | \$218 | \$129 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 225 | 491 | \$97,101 | \$432 | \$198 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 1 | 1 | \$122 | \$122 | \$122 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 1 | 1 | \$80 | \$80 | \$80 | 1 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 33 | 33 | \$4,949 | \$150 | \$150 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 22 | 69 | \$44,169 | \$2,008 | \$640 | 3 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 2 | 2 | \$1,774 | \$887 | \$887 | 1 |
| Assessment | | H0031 | | Encounter | 831 | 978 | \$442,471 | \$532 | \$452 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 12 | 33 | \$13,674 | \$1,140 | \$414 | 3 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 248 | 299 | \$69,534 | \$280 | \$233 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 117 | 136 | \$49,331 | \$422 | \$363 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 223 | 13,489 | \$3,499,879 | \$15,695 | \$259 | 60 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 13 | 245 | \$28,754 | \$2,212 | \$117 | 19 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 8 | 269 | \$31,571 | \$3,946 | \$117 | 34 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | |
| Respite | | H0045 | | Days | 1 | 2 | \$600 | \$600 | \$300 | |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review | | H2000 | | Encounter | 2 | 2 | \$84 | \$42 | \$42 | : |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | | 15 Minutes | 39 | 226 | \$28,151 | \$722 | \$125 | |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 45 | 1,448 | \$17,260 | \$384 | \$12 | 32 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound | | H2021 | | 15 Minutes | 43 | 2,077 | \$160,118 | \$3,724 | \$77 | 48 |
| Wraparound (SED Waiver) | | H2022 | | Days | 22 | 195 | \$80,045 | \$3,638 | \$410 | ! |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | |
| Supported Employment Services | | H2023 | | 15 minutes | 9 | 188 | \$26,496 | \$2,944 | \$141 | 2 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | ı |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | ı |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | (|
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | (|

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Muskegon (HealthWest) | D 0.1 | Habas a I | M 115 | Unit | | *** | | 0.10 | 0 | H :-/G |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-------------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 92 | 330 | \$29,641 | \$322 | \$90 | 4 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 3 | 3 | \$105 | \$35 | \$35 | 1 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 25 | 35 | \$17,439 | \$698 | \$498 | 1 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 11 | 20 | \$4,450 | \$405 | \$223 | 2 |
| Respite Care | | T1005 | | 15 Minutes | 7 | 2,290 | \$2,862 | \$409 | \$1 | 327 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 34 | 330 | \$42,160 | \$1,240 | \$128 | 10 |
| Targeted Case Management | | T1017 | | 15 minutes | 435 | 5,736 | \$757,654 | \$1,742 | \$132 | 13 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 70 | 111 | \$29,949 | \$428 | \$270 | 2 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 3 | 22 | \$28 | \$9 | \$1 | 7 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 1 | 1 | \$37 | \$37 | \$37 | 1 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | · | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,196 | | \$6,737,736 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Network180 | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 207 | 1,943 | \$1,616,992 | \$7,812 | \$832 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 62 | 266 | \$101,667 | \$1,640 | \$382 | 4 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Network180 | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|--------------|-------------|-------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | | 1101 05 0000 | - Intounier | | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | 00104 | | # of visits | 0 | 0 | \$0 \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0001 | 00104 | | Minutes | | | | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | l l e | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 29 | 67 | \$32,812 | \$1,131 | \$492 | 2 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 3 | 7 | \$420 | \$140 | \$60 | 2 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 2 | 27 | \$1,251 | \$625 | \$46 | 14 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 34 | 5,263 | \$154,931 | \$4,557 | \$29 | 155 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 34 | 39,022 | \$1,149,721 | \$33,815 | \$29 | 1,148 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 3 | 30 | \$254 | \$85 | \$8 | 10 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 3 | 138 | \$1,169 | \$390 | \$8 | 46 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 34 | 1,889 | \$112,590 | \$3,311 | \$60 | 56 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 34 | 3,529 | \$212,654 | \$6,255 | \$60 | 104 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 27 | 121 | \$15,098 | \$559 | \$125 | 4 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 2 | 16 | \$858 | \$429 | \$54 | 8 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 7 | 7 | \$292 | \$42 | \$42 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 171 | 211 | \$42,413 | \$248 | \$201 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 127 | 353 | \$13,220 | \$104 | \$37 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | - | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 534 | 5,283 | \$458,121 | \$858 | \$87 | 10 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 0915, 0916, 0919 | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Manual Index 9877 69 Minutes 98 94 9458 932 972 98 98 Minutes 98 98 98 98 98 98 98 9 | Network180 | Decree Code | HCDCC C. I. | M. Fe. | Unit | Corre | TT-14. | Cont | G1/G | Contact (III or in | H-iv/C |
|---|---|--------------|-------------|---------|------------------|-------|--------|----------|-------|--------------------|--------|
| Selection Color Encoder Comparison Comparison Comparison Color Encoder | Service Category | Revenue Code | | Modiner | | | | | | | |
| Second S | | | | | | | | | | | |
| Personal First of Masters 9889 | Substance Use Disorder: Outpatient Care | | | HF | 60 Minutes | | | | | | |
| Popular Popu | Assessment | | | | | | | | | | |
| Part | Psychotherapy for Crisis First 60 Minutes | | | | First 30-74 Min. | | 7 | | | | 0 |
| Sabstance Use Director Outprient Treatment | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 4 | \$4 | \$0 | \$1 | 0 |
| Part | Therapy-Family Therapy | | 90846 | | Encounter | 1 | 9 | \$259 | \$259 | \$29 | 9 |
| Sabbanace Use Dounder Outputeen Treatment | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal P | Therapy-Family Therapy | | 90847 | | Encounter | 43 | 192 | \$15,225 | \$354 | \$79 | 4 |
| Putting Planishy Therapy 1988 1 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sabstance Un Disorder: Outputient Treatment 0800, 0901, 0914, 0910, 0914, 0910, 0914, 0910, 0914, 0910, 0914, 0910, 0914, 0910, 0915, 0915, | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partary 9853 Ecounter 1 9 \$138 \$138 \$158 | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outparient Treatment | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patternactorigical Management (SED Waiter) 9868 | Therapy-Group Therapy | | 90853 | | Encounter | 1 | 9 | \$328 | \$328 | \$36 | 9 |
| Additional Codes ECT Physician 901 9050 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 99870 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 \$0 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 0 0 SO SO SO O Speech & Language Therapy 92508 Encounter 0 0 SO SO SO SO O Speech & Language Therapy 92521 Encounter 0 0 SO | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9258 Encounter 0 0 50 50 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92522 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92523 Encounter 0 0 50 80 80 0 Speech & Language Therapy 92524 Encounter 0 0 80 80 90 0 Speech & Language Therapy 92526 Encounter 0 0 80 80 90 0 Speech & Language Therapy 92607 First Hour 0 0 80 80 0 Speech & Language Therapy 92608 Each Additional 30 months 0 0 80 80 0 Speech & Language Therapy 92609 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92600 Encounter 0 0 0 0 80 80 0 <td>Speech & Language Therapy</td> <td></td> <td>92507</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 92526 Encounter 0 0 50< | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9256 Encounter 0 0 50 50 50 50 0 50 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 50 <td>Speech & Language Therapy</td> <td></td> <td>92524</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 50 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 \$0 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$0 \$1 \$0 \$1 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 0 1 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$0 \$1 \$0 \$1 \$0 \$1 \$0 \$0 \$1 \$0 \$1 \$0 <td>Speech & Language Therapy</td> <td></td> <td>92609</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 9 21 \$2,025 \$225 \$96 2 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 1 | \$1 | \$0 | \$1 | 0 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 9 | 21 | \$2,025 | \$225 | \$96 | 2 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Network180 | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 17 | 105 | \$14,512 | \$854 | \$138 | 6 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 3 | 3 | \$1,021 | \$340 | \$340 | 1 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | - | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | - | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 1 | 1 | \$60 | \$60 | \$60 | 1 |

Children with Serious Emotional Disturbance

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| Network180 | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | | | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 29 | 29 | \$3,452 | \$119 | \$119 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 27 | 35 | \$5,006 | \$185 | \$143 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 9 | 25 | \$2,426 | \$270 | \$97 | 3 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 78 | 176 | \$27,614 | \$354 | \$157 | 2 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 7 | 12 | \$30 | \$4 | \$2 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 76 | 126 | \$7,499 | \$99 | \$60 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 354 | 992 | \$75,152 | \$212 | \$76 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 163 | 441 | \$51,136 | \$314 | \$116 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 9 | 16 | \$2,387 | \$265 | \$149 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Network180 | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Network180 | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 840 | 1,287 | \$91,699 | \$109 | \$71 | 2 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 88 | 612 | \$278,120 | \$3,160 | \$454 | 7 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 62 | 204 | \$6,013 | \$97 | \$29 | 3 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 1 | 75 | \$173 | \$173 | \$2 | 75 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 1,359 | 112,345 | \$4,866,869 | \$3,581 | \$43 | 83 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 2 | 16 | \$883 | \$441 | \$55 | 8 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Network180 | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 1 | 18 | \$1,137 | \$1,137 | \$63 | 18 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 3 | 13 | \$0 | \$0 | \$0 | 4 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 29 | 99 | \$34,019 | \$1,173 | \$344 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 0 | 393 | \$393 | \$0 | \$1 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 161 | 23,583 | \$169,868 | \$1,055 | \$7 | 146 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 14 | 69 | \$31,794 | \$2,271 | \$461 | 5 |
| Behavior Services | | H2019 | | 15 Minutes | 19 | 829 | \$12,092 | \$636 | \$15 | 44 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 200 | 10,688 | \$715,225 | \$3,576 | \$67 | 53 |
| Wraparound (SED Waiver) | | H2022 | | Days | 55 | 1,057 | \$365,401 | \$6,644 | \$346 | 19 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 1 | 46 | \$5,406 | \$5,406 | \$118 | 46 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 39 | 4,573 | \$308,152 | \$7,901 | \$67 | 117 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Network180 | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 505 | 4,068 | \$308,105 | \$610 | \$76 | 8 |
| Family Training | | S5111 | HA | Encounter | 47 | 617 | \$115,838 | \$2,465 | \$188 | 13 |
| Family Training | | S5111 | НМ | Encounter | 51 | 1,899 | \$20,693 | \$406 | \$11 | 37 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 5 | 226 | \$84,214 | \$16,843 | \$373 | 45 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 349 | 18,084 | \$752,078 | \$2,155 | \$42 | 52 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 91 | 901 | \$93,737 | \$1,030 | \$104 | 10 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 159 | 38,836 | \$173,043 | \$1,088 | \$4 | 244 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 62 | 2,635 | \$155,588 | \$2,509 | \$59 | 43 |
| Targeted Case Management | | T1017 | | 15 minutes | 473 | 17,314 | \$719,690 | \$1,522 | \$42 | 37 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 3 | 22 | \$0 | \$0 | \$0 | 7 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 1 | 2 | \$146,231 | \$146,231 | \$73,115 | 2 |
| Assessments | | T1023 | | Encounter | 0 | 751 | \$751 | \$0 | \$1 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Network180 | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 27 | 662 | \$35,190 | \$1,303 | \$53 | 25 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 57 | 119 | \$13,499 | \$237 | \$113 | 2 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 6 | 26 | \$762 | \$127 | \$29 | 4 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 6 | 0 | \$325 | \$54 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 2,833 | | \$13,671,350 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Newaygo | | vanaa a . | 26. 110 | Unit | | ** . | | aa | | ** |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 11 | 99 | \$97,117 | \$8,829 | \$981 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 2 | 16 | \$4,503 | \$2,252 | \$281 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 4 | 29 | \$22,942 | \$5,736 | \$791 | 7 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | - | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Newaygo | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 20 | 27 | \$15,225 | \$761 | \$564 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 2 | 2 | \$397 | \$199 | \$199 | 1 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 23 | 11,410 | \$133,512 | \$5,805 | \$12 | 496 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 23 | 12,098 | \$141,563 | \$6,155 | \$12 | 526 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 23 | 631 | \$64,790 | \$2,817 | \$103 | 27 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 23 | 669 | \$87,622 | \$3,810 | \$131 | 29 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 6 | 9 | \$2,543 | \$424 | \$283 | 2 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 90 | 90 | \$97,132 | \$1,079 | \$1,079 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 166 | 801 | \$118,729 | \$715 | \$148 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 213 | 745 | \$148,724 | \$698 | \$200 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Second Function Comparisor Case 900000 900000 900000 900000 900000 900000 900000 900000 900000 900000 900000 900000 900000 90000000 900000000 | Newaygo Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Selection Sele | | | | | | | | | | | |
| Personation 9889 | · | | | UE | | | | | | | |
| Pechalerary in Crisis Each Additional 30 Minutes | | | | ПГ | | | | • | | | |
| Popular Planting Pl | = | | | | | | | | | | |
| Princys | - | | | | | | | | | | |
| Septemble Disorder: Output Cert Treatment 0000, 00000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspay Perspay Septembro Septembr | Therapy-Family Therapy | | 90846 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Septemble Note Properties 1904, 1904, 1914, 1914 191 | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspay Perspay Spiral Spira | Therapy-Family Therapy | | 90847 | | Encounter | 63 | 188 | \$47,782 | \$758 | \$254 | 3 |
| Pengry Flornly Therapy | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Coupstient Preatment 000,0906,0914, 0916,0916,0916,0916,0916,0916,0916,0916, | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partury Partury 9853 Rounter 0 51 \$7.94 \$954 \$95 | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Une Disorder Outpatient Treatment 1906, 1906, 1914, 1915 1916 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patranscological Management (SED Wairer) 9086 Encounter 0 0 0 0 0 0 0 0 0 | Therapy-Group Therapy | | 90853 | | Encounter | 10 | 51 | \$7,941 | \$794 | \$156 | 5 |
| Additional Codes-ECT Physician 98870 Encounter 0 0 \$50 \$50 \$0 Additional Codes-ECT Physician 9991 9870 Encounter 0 0 50 \$50 \$50 0 Speech & Language Therapy 92507 Encounter 0 0 50 \$50 \$50 \$0 \$50 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 0 50 50 50 50 0 0 Assessments-Other 90887 Encounter 0 0 0 50 50 50 50 0 50 50 50 50 50 50 5 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 50 50 50 50 50 50 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 50 50 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 0 80 80 80 0 0 Speech & Language Therapy 92522 Encounter 0 0 0 80 80 80 0 0 Speech & Language Therapy 92523 Encounter 0 0 0 80 80 80 80 0 Speech & Language Therapy 92524 Encounter 0 0 0 80 80 80 80 80 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9252 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92524 Encounter 0 0 80 80 80 80 0 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 billion 0 0 50 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9256 Encounter 0 0 50 50 50 50 0 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 50 50 \$0 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 4 11 \$3,893 \$973 \$354 3 Assessment for Autism 96101 U5 Hour 0 0 \$0 < | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 \$ | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 4 | 11 | \$3,893 | \$973 | \$354 | 3 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 80 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Personal Process Personal Pr | Newaygo | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Sear-specified for Psychil Physics 96118 15 16ser 0 0 30 30 30 0 0 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessment for Authors Section | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nonequipote of York | Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertance for Authins Section | Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secondary Section Sect | Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Accornation-Other 96127 | Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Molection Administration 96972 Executor 1 11 972 952 984 11 | Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decomptional of Physical Theory | Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decempational of Physical Therapy | Medication Administration | | 96372 | | Encounter | 1 | 11 | \$929 | \$929 | \$84 | 11 |
| Occupational of Physical Therapy | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decapational or Physical Therapy | Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decupational or Physical Therapy | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Necupational Therapy | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 Encounter 0 0 50 50 50 50 0 | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 50 50 50 50 0 | Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 S0 S0 S0 0 Occupational or Physical Therapy 97533 15 Minutes 0 0 S0 S0 S0 0 Occupational or Physical Therapy 97535 15 Minutes 0 0 S0 S0 S0 0 Occupational or Physical Therapy 97542 15 Minutes 0 0 S0 S0 S0 0 Occupational or Physical Therapy 97542 15 Minutes 0 0 S0 S0 S0 0 Occupational or Physical Therapy 97750 15 Minutes 0 0 S0 S0 S0 S0 0 Occupational or Physical Therapy 97755 15 Minutes 0 0 S0 < | Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy 97533 15 Minutes 0 0 50 50 50 0 | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy (Note: Retired 12/31/17)</td> <td></td> <td>97532</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97533</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97535</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97537</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 0 0 \$0 | | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 30 Minutes 0 0 \$ | Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Newaygo Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| · · | Revenue code | | | | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 70 | 108 | \$23,343 | \$333 | \$216 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 169 | 630 | \$210,540 | \$1,246 | \$334 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Newaygo | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Newaygo | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 59 | 60 | \$12,646 | \$214 | \$211 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 3 | 3 | \$173 | \$58 | \$58 | 1 |
| Assessment | | H0031 | | Encounter | 318 | 356 | \$149,328 | \$470 | \$419 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 29 | 29 | \$14,074 | \$485 | \$485 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 139 | 161 | \$39,144 | \$282 | \$243 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 1 | 1 | \$47 | \$47 | \$47 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 152 | 7,980 | \$951,473 | \$6,260 | \$119 | 53 |
| Home Based Services | | H0036 | ST | 15 Minutes | 7 | 217 | \$25,231 | \$3,604 | \$116 | 31 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Newaygo | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 4 | 5 | \$1,215 | \$304 | \$243 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 2 | 5 | \$491 | \$246 | \$98 | 3 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 8 | 56 | \$6,679 | \$835 | \$119 | 7 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 7 | 4,686 | \$30,322 | \$4,332 | \$6 | 669 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 11 | 244 | \$19,277 | \$1,752 | \$79 | 22 |
| Behavior Services | | H2019 | TT | 15 Minutes | 12 | 592 | \$24,176 | \$2,015 | \$41 | 49 |
| Wraparound | | H2021 | | 15 Minutes | 16 | 175 | \$24,667 | \$1,542 | \$141 | 11 |
| Wraparound (SED Waiver) | | H2022 | | Days | 8 | 65 | \$15,788 | \$1,973 | \$243 | 8 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Newaygo | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 87 | 250 | \$73,902 | \$849 | \$296 | 3 |
| Family Training | | S5111 | HA | Encounter | 2 | 8 | \$1,788 | \$894 | \$223 | 4 |
| Family Training | | S5111 | НМ | Encounter | 44 | 423 | \$95,053 | \$2,160 | \$225 | 10 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 4 | 9 | \$1,100 | \$275 | \$122 | 2 |
| Respite Care | | T1005 | | 15 Minutes | 11 | 3,711 | \$17,091 | \$1,554 | \$5 | 337 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 1 | 6 | \$873 | \$873 | \$145 | 6 |
| Targeted Case Management | | T1017 | | 15 minutes | 219 | 2,848 | \$318,724 | \$1,455 | \$112 | 13 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 48 | 70 | \$30,842 | \$643 | \$441 | 1 |

Children with Serious Emotional Disturbance

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| Newaygo | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 1 | 2 | \$1,166 | \$1,166 | \$583 | 2 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 11 | 64 | \$666 | \$61 | \$10 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | | - | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 591 | | \$3,225,959 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| North Country | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 28 | 291 | \$300,425 | \$10,729 | \$1,032 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 20 | 189 | \$154,033 | \$7,702 | \$815 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Name Content Content | North Country | | | | Unit | | | | | | |
|---|--|--------------|------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Additional Colore LTC Amendment | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Color ECT Acenthesis 690 90164 Matters 0 0 590 591 590 0 0 0 0 590 591 590 0 0 0 0 0 590 591 590 0 0 0 0 0 0 0 0 0 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Delarkival Residination Assessment | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Selentical Notice per Assessment 1932T US First 39 Mentres 0 0 50 50 50 50 0 0 0 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Deliniveral Politive up Anneamem 055T | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment ABA Clinical Observators and Directions of Adaptive Behavior Treatment Guidance O57871 U5 Each Adaptional 30 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max Group Adaptive Behavior Treatment | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Croup Adaptive Behavior Treatment 0367T US Exch Additional Observation and Direction of Adaptive Behavior Freement 0368T US First 30 Minutes 0 0 0 0 30 S0 S0 S0 S0 0 Relational Observation and Direction of Adaptive Behavior Freement ABA Criming Behavior Treatment Guidance 0370T US Exch Additional 30 Minutes 0 0 0 0 30 S0 S0 S0 S0 S0 S0 | ABA Adaptive Treatment | | 0365T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marcin M | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marian M | | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance 0371T U5 Encounter 0 0 0 50 50 50 50 50 ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 0 0 0 50 50 50 50 50 0 ABA Adaptive Behavior Treatment 0373T U5 Encounter 0 0 0 0 50 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 0 0 0 50 50 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | | | 0369T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0274T U5 Enhaditional 30 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment U5 Enhaditional 30 0 0 0 50 50 50 50 0 Minutes Drug Screen 80305 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Assessment For Autism 90791 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 50 0 Dug Screen 80305 Encounter 0 0 0 50 50 50 50 50 50 Dug Screen 80306 Encounter 0 0 0 50 50 50 50 50 50 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80307 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80309 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80309 Encounter 0 0 0 50 50 50 50 50 0 Dug Screen 80309 Encounter 90791 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 80305 Each Additional 30 0 0 50 50 50 50 0 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 0 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 50 0 Interactive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 50 50 50 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 50 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 65 | 65 | \$43,157 | \$664 | \$664 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 80 119 \$13,007 \$163 \$109 1 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0919 90832 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915 90832 HF 30 Minutes 0 0 \$0 < | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 Assessment 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 80 | 119 | \$13,007 | \$163 | \$109 | 1 |
| Mental Health: Outpatient Care 90834 45 Minutes 429 1,297 \$223,425 \$521 \$172 3 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | - | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 429 | 1,297 | \$223,425 | \$521 | \$172 | 3 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| North Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|----------------|---|-------------------------------|-------|-------|------------|------------|------------|-----------|
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 329 | 1,249 | \$256,383 | \$779 | \$205 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | • | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | Minutes | | | | | | |
| Therapy-Family Therapy | | 90846 | | Encounter | 53 | 151 | \$25,162 | \$475 | \$167 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 132 | 308 | \$56,589 | \$429 | \$184 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 9 | 30 | \$2,267 | \$252 | \$76 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 2 | 22 | \$4,909 | \$2,455 | \$223 | 11 |
| Assessment for Autism | | 96101 | U5 | Hour | 21 | 152 | \$28,610 | \$1,362 | \$188 | 7 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other Assessments-Other | | 96105 96110 | | Encounter Encounter | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |

Children with Serious Emotional Disturbance

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| North Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 2 | 11 | \$1,503 | \$751 | \$137 | 6 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | - | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | - | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| North Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Tievenae esae | | | | | 0 | | | | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 139 | 224 | \$38,553 | \$277 | \$172 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 27 | 40 | \$8,274 | \$306 | \$207 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 90 | 122 | \$27,075 | \$301 | \$222 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 241 | 398 | \$131,835 | \$547 | \$331 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 66 | 95 | \$40,049 | \$607 | \$422 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| North Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| North Country | | | | Unit | | | | | | |
|--|---------------------------------------|------------|---------------------------------------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 20 | 203 | \$101,895 | \$5,095 | \$502 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 515 | 540 | \$247,437 | \$480 | \$458 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 7 | 7 | \$3,213 | \$459 | \$459 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 506 | 706 | \$209,947 | \$415 | \$297 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 21 | 23 | \$4,259 | \$203 | \$185 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 15 | 17 | \$1,736 | \$116 | \$102 | 1 |
| Home Based Services | | H0036 | · · · · · · · · · · · · · · · · · · · | 15 Minutes | 72 | 5,311 | \$449,048 | \$6,237 | \$85 | 74 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| North Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 1 | 15 | \$1,760 | \$1,760 | \$117 | 15 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 254 | 1,759 | \$100,395 | \$395 | \$57 | 7 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 36 | \$1,163 | \$582 | \$32 | 18 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 5 | 478 | \$79,013 | \$15,803 | \$165 | 96 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 21 | 1,222 | \$109,812 | \$5,229 | \$90 | 58 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 1 | 4 | \$199 | \$199 | \$50 | 4 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | - | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| North Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|------------|-----------|-----------|
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | 10 | 15 Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 | 0 |
| Family Training - EBF Family Training | | S5111 | | Encounter | 4 | 37 | \$16,511 | \$4,128 | \$446 | 9 |
| Family Training | | S5111 | HA | Encounter | 2 | 8 | \$3,558 | \$1,779 | \$445 | 4 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 5 | 268 | \$114,612 | \$22,922 | \$428 | 54 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 3 | 3 | \$372 | \$124 | \$124 | 1 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 9 | 158 | \$18,693 | \$2,077 | \$118 | 18 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 1 | 2 | \$138 | \$138 | \$69 | 2 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 14 | 14 | \$3,738 | \$267 | \$267 | 1 |
| Health Services | | T1002 | | Up to 15 min | 14 | 28 | \$2,647 | \$189 | \$95 | 2 |
| Respite Care | | T1005 | | 15 Minutes | 1 | 100 | \$277 | \$277 | \$3 | 100 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 15 | 59 | \$6,127 | \$408 | \$104 | 4 |
| Targeted Case Management | | T1017 | | 15 minutes | 151 | 2,381 | \$189,975 | \$1,258 | \$80 | 16 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 5 | 478 | \$3,017 | \$603 | \$6 | 96 |
| Assessments | | T1023 | | Encounter | 78 | 108 | \$41,381 | \$531 | \$383 | 1 |

Children with Serious Emotional Disturbance

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| North Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 1 | 7 | \$489 | \$489 | \$70 | 7 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | - | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,160 | | \$3,066,669 | | | |

Children with Serious Emotional Disturbance

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| | Northeast Michigan Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|----------------------|------------|----------|---------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Local Problems: Enginish DEPT PROSENTIAL PROPRISE DEPT 1 11 19,818 9,81 9,81 18,82 18, | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Davs | 8 | 121 | \$128,272 | \$16.034 | \$1.060 | 15 |
| Local Psychatic Hospital/Der Pfoliphysician contended 414, 071 | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | · · · · · · · · · · · · · · · · · · · | 0 | | | | | 0 |
| | | 0114, 0124, 0134, 01 | 154 | PT68 | | 1 | 11 | \$9.351 | \$9.351 | \$850 | 11 |
| Local Psychiatric Regularia Acase Commanity PT73 woman PT73 Days | | | | | · · · · · · · · · · · · · · · · · · · | 0 | | | | | 0 |
| Per | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | <u>*</u> | 10 | 91 | \$78,268 | \$7,827 | \$860 | 9 |
| PTS | Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital Actuary Community | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquisicar Hospital Ancellary Services - Rosen and Board | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Expansion Hospital Ancillary Services - Pleave of Absence 0.183 Days 0 0 0 50 50 50 50 10 1 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquision Hospital Ancellary Services - Planmacy | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Medical/Surgical Surgicials # of items Point Poi | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Ansethseis | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Speech-Language Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Magnetic Resonance Inpatient Hospital Ancillary Services - Pulmonary I | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 # of tests 0 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| The patient Hospital Ancillary Services - Magnetic Resonance Checkbook C | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Technology | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG 0730-0731 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| The patient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 0 0 \$0 \$0 \$0 \$0 Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 # of visits 0 0 \$0< | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological O900, 0902-0904, 0911, 0914-0919 | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 \$0 \$0 \$0 Outpatient Partial Hospitalization 0913 Days 0 0 0 \$0 \$0 \$0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 | Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Northeast Michigan | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | | neres code | Wodiffer | Measure | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 20 | 26 | \$13,974 | \$699 | \$537 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 16 | 1,548 | \$52,114 | \$3,257 | \$34 | 97 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 16 | 9,308 | \$312,988 | \$19,562 | \$34 | 582 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 16 | 227 | \$15,284 | \$955 | \$67 | 14 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 16 | 522 | \$35,093 | \$2,193 | \$67 | 33 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 17 | 71 | \$9,183 | \$540 | \$129 | 4 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 1 | 1 | \$505 | \$505 | \$505 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 110 | 110 | \$94,716 | \$861 | \$861 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 36 | 102 | \$7,375 | \$205 | \$72 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 73 | 291 | \$33,690 | \$462 | \$116 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | <u> </u> | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Seminary Seminary | Northeast Michigan | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|---------------|------------|-----------|-----------------|-------|-------|----------|-----------|-----------|-------------|
| Selection Sele | | Trevenue code | | - Insumer | | | | | | | |
| Personation 9889 | - | | | | | | | | | | |
| Pechalerary in Crisis Each Additional 20 Minutes | | | | HF | | | | | | | |
| Popular Planting Pl | = | | | | | | | | | | |
| Princys | - | | | | | | | | | | |
| Septemble Disorder: Output Cert Treatment 0000, 00 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspay Pers | Therapy-Family Therapy | | 90846 | | Encounter | 14 | 15 | \$2,122 | \$152 | \$141 | 1 |
| Septemble Note Properties 1904, 1904, 1914, 1914 191 | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspay Perspay Spiral Spir | Therapy-Family Therapy | | 90847 | | Encounter | 27 | 90 | \$10,389 | \$385 | \$115 | 3 |
| Pengry Flornly Therapy 1988 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Cutputient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partury Partury 9853 Rounter 0 0 50 50 50 50 50 50 | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Une Disorder Outpatient Treatment 1906, 1906, 1914, 1915 1916 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patranscological Management (SED Waire) 9086 | Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 0 50 50 50 50 0 0 Assessments-Other 90887 Encounter 0 0 0 50 50 50 50 0 50 50 50 50 50 50 5 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 50 50 50 50 50 50 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 50 50 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 0 80 80 80 0 0 Speech & Language Therapy 92522 Encounter 0 0 0 80 80 80 0 0 Speech & Language Therapy 92523 Encounter 0 0 0 80 80 80 80 0 Speech & Language Therapy 92524 Encounter 0 0 0 80 80 80 80 80 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9252 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 80 80 80 0 Speech & Language Therapy 92524 Encounter 0 0 80 80 80 80 0 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 billion 0 0 50 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 0 Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 50 50 50 50 0 Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 50 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 50 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$338 \$3 Assessment for Autism 96101 U5 Hour 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 1 3 \$1,014 \$1,014 \$338 3 Assessment for Autism 96101 U5 Hour 0 0 \$0 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 \$ | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 3 | \$1,014 | \$1,014 | \$338 | 3 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 80 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | - | 96103 | - | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northeast Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | - | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northeast Michigan Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 23 | 23 | \$8,442 | \$367 | \$367 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 2 | 2 | \$826 | \$413 | \$413 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 6 | 6 | \$660 | \$110 | \$110 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 69 | 74 | \$16,613 | \$241 | \$224 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 214 | 617 | \$171,028 | \$799 | \$277 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 37 | 51 | \$19,670 | \$532 | \$386 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northeast Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northeast Michigan | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 7 | 7 | \$908 | \$130 | \$130 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 10 | 109 | \$58,344 | \$5,834 | \$535 | 11 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 248 | 264 | \$63,300 | \$255 | \$240 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 20 | 25 | \$16,207 | \$810 | \$648 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 149 | 224 | \$38,644 | \$259 | \$173 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 21 | 1,488 | \$63,160 | \$3,008 | \$42 | 71 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northeast Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 124 | 388 | \$18,885 | \$152 | \$49 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 1 | 13 | \$73 | \$73 | \$6 | 13 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 44 | 6,076 | \$77,953 | \$1,772 | \$13 | 138 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 14 | 795 | \$132,063 | \$9,433 | \$166 | 57 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 1 | 1 | \$46 | \$46 | \$46 | 1 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northeast Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 74 | 157 | \$25,601 | \$346 | \$163 | 2 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 2 | 82 | \$4,656 | \$2,328 | \$57 | 41 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 1 | 12 | \$356 | \$356 | \$30 | 12 |
| Respite Care | | T1005 | | 15 Minutes | 24 | 22,067 | \$53,234 | \$2,218 | \$2 | 919 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 35 | 1,064 | \$62,981 | \$1,799 | \$59 | 30 |
| Targeted Case Management | | T1017 | | 15 minutes | 151 | 7,417 | \$422,747 | \$2,800 | \$57 | 49 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 65 | 76 | \$22,630 | \$348 | \$298 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Northeast Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 4 | 5 | \$1,585 | \$396 | \$317 | 1 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 3 | 20 | \$3,059 | \$1,020 | \$153 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 1 | 1 | \$142 | \$142 | \$142 | 1 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 10 | 300 | \$2,526 | \$253 | \$8 | 30 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 456 | | \$2,137,814 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northern Lakes | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 55 | 705 | \$702,830 | \$12,779 | \$997 | 13 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 7 | 92 | \$24,808 | \$3,544 | \$270 | 13 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 14 | 112 | \$98,069 | \$7,005 | \$876 | 8 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$36,617 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$4,935 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Classpoy — Revenue Oct INPCS OCT Modern Mascure Care Modern Oct Modern Oct O | Northern Lakes | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Additional Codes (CTA Assocham | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Materian 991 9014 Materian 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Pelawker Identification Assessment | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Definitional Pollowers phreseneme | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Delayire Tenument | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 3 | 3 | \$1,228 | \$409 | \$409 | 1 |
| Manual M | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment 0.867 | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Make Group Adaptive Rehavive Freatment 0.607 | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 2 | 52 | \$1,524 | \$762 | \$29 | 26 |
| ABA Group Adaptive Behavior Treatment 0366T US Exch Additional 30 Minutes 2 34 \$2,085 \$1,041 \$51,043 | ABA Adaptive Treatment | | 0365T | U5 | | 2 | 274 | \$8,127 | \$4,064 | \$30 | 137 |
| Marcin M | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Make Family Behavior Treatment Guidance 0370T U5 Encounter 0 0 0 360 370 5118 0 0 0 0 0 0 0 0 0 | | | 0368T | U5 | First 30 Minutes | 2 | 34 | \$2,085 | \$1,043 | \$61 | 17 |
| ABA Family Behavior Treatment Guidance 0371T U5 Encounter 0 0 0 50 50 50 50 0 0 ABA Adaptive Behavior Irreatment Social Skills Group 0372T U5 Encounter 0 0 0 50 50 50 50 0 0 ABA Adaptive Behavior Irreatment 0373T U5 First 60 Minutes 1 4 4 546 5466 5117 4 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 1 134 57,799 57,799 5538 134 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 1 134 57,799 57,799 5538 134 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 1 134 57,799 57,799 5538 134 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 1 134 57,799 57,799 5538 134 ABA Exposure Adaptive Behavior Treatment 0 5 50 50 50 50 50 50 50 50 50 50 50 50 | | | 0369T | U5 | | 2 | 82 | \$5,077 | \$2,539 | \$62 | 41 |
| ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 1 1 4 \$466 \$466 \$117 4 ABA Exposure Adaptive Behavior Treatment 0374T U5 EnAdditional 30 1 1 134 \$7,799 \$7,799 \$588 134 Minutes 10 0 0 \$50 \$50 \$50 \$50 Drug Screen 80305 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80306 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80307 Encounter 0 0 0 \$50 \$50 \$50 \$60 Drug Screen 80308 Assessment for Autism 90791 HF Encounter 14 14 14 \$4,074 \$291 \$291 \$11 Encounter 14 14 14 \$4,074 \$291 \$291 \$11 Drug Screen 15 \$150 \$150 \$150 \$150 \$150 Drug Screen 15 \$150 \$150 \$150 \$150 Drug Screen 15 \$150 \$150 \$150 \$150 Drug Screen 16 Assessment for Autism 90791 HF Encounter 10 0 0 \$50 \$50 \$50 \$50 Drug Screen 10 0 0 \$50 \$50 \$50 Drug | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 2 | 12 | \$1,413 | \$707 | \$118 | 6 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 1 134 S7,799 S7,799 S88 134 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 1 134 S7,799 S7,799 S88 134 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 1 134 S7,799 S7,799 S88 134 ABA Exposure Adaptive Behavior Treatment 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 1 134 \$7.799 \$7.799 \$5.88 134 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 1 | 4 | \$466 | \$466 | \$117 | 4 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 0 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 1 | 134 | \$7,799 | \$7,799 | \$58 | 134 |
| Drug Screen 80307 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 0 Assessment 90792 HF Encounter 9 90 \$42,960 \$477 \$447 1 Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$42,960 \$477 \$477 \$1 Substance Use: Assessment 90792 HF Encounter 0 0 0 \$0 \$42,960 \$477 \$477 \$1 Substance Use: Assessment 90792 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 11 25 \$2,513 \$228 \$101 \$2 Substance Use Disorder: Outpatient Care 90833 HF 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90834 45 Minutes 0 0 0 \$0 \$2,689 \$348 \$116 3 Substance Use Disorder: Outpatient Care 9000, 0906, 0914, 0915, 0916, 0919 \$0 Substance Use Disorder: Outpatient Care 9000, 0906, 0914, 0915, 0916, 0919 \$0 Substance Use Disorder: Outpatient Care 9000, 0906, 0914, 0915, 0916, 0919 \$0 Substance Use Disorder: Outpatient Care 9000, 0906, 0914, 0915, 0916, 0919 | Assessment | | 90791 | | Encounter | 14 | 14 | \$4,074 | \$291 | \$291 | 1 |
| Assessment 90792 Encounter 90 90 \$42,960 \$477 \$477 1 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 90 | 90 | \$42,960 | \$477 | \$477 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 11 25 \$2,513 \$228 \$101 2 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 <td>Assessment for Autism</td> <td></td> <td>90792</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 Assessment 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 11 | 25 | \$2,513 | \$228 | \$101 | 2 |
| Mental Health: Outpatient Care 90834 45 Minutes 68 205 \$23,689 \$348 \$116 3 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 <t< td=""><td>Substance Use Disorder: Outpatient Care</td><td></td><td>90832</td><td>HF</td><td>30 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<> | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 0 0 0 0 0 0 0 0 0 0 | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 68 | 205 | \$23,689 | \$348 | \$116 | 3 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northern Lakes | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|---------------------------------------|-----------|--------------|-----------|
| Service Category | revenue coue | | | | | | | | | |
| Mental Health: Outpatient Care | | 90837 | HF | 60 Minutes | 76 | 481 | \$89,553 \$0 | \$1,178 | \$186 \$0 | 0 |
| Substance Use Disorder: Outpatient Care | | | HF | 60 Minutes | | | · · · · · · · · · · · · · · · · · · · | \$0 | | |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 52 | 82 | \$11,969 | \$230 | \$146 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 370 | 2,621 | \$413,010 | \$1,116 | \$158 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 12 | 51 | \$3,400 | \$283 | \$67 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 3 | 10 | \$3,122 | \$1,041 | \$312 | 3 |
| Assessment for Autism | | 96101 | U5 | Hour | 21 | 67 | \$20,545 | \$978 | \$307 | 3 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northern Lakes | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 2 | 3 | \$746 | \$373 | \$249 | 2 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northern Lakes | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$164 | \$164 | \$164 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 2 | 2 | \$314 | \$157 | \$157 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 14 | 15 | \$1,746 | \$125 | \$116 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 166 | 525 | \$109,791 | \$661 | \$209 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 2 | 2 | \$545 | \$273 | \$273 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northern Lakes | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northern Lakes | | | | Unit | | | | | | |
|--|---------------------------------------|------------|---------------------------------------|---------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 19 | 20 | \$3,915 | \$206 | \$196 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 12 | 131 | \$62,381 | \$5,198 | \$476 | 11 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 481 | 520 | \$208,747 | \$434 | \$401 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 5 | 6 | \$2,487 | \$497 | \$415 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 448 | 820 | \$299,501 | \$669 | \$365 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 1 | 1 | \$290 | \$290 | \$290 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 148 | 13,361 | \$1,191,028 | \$8,047 | \$89 | 90 |
| Home Based Services | | H0036 | ST | 15 Minutes | 7 | 311 | \$24,683 | \$3,526 | \$79 | 44 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 2 | 2 | \$85 | \$43 | \$43 | 1 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Northern Lakes | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 2 | 11 | \$3,935 | \$1,968 | \$358 | 6 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 328 | 1,721 | \$172,270 | \$525 | \$100 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 53 | 121 | \$16,423 | \$310 | \$136 | 2 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 3 | 1,731 | \$8,190 | \$2,730 | \$5 | 577 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 35 | 2,945 | \$245,931 | \$7,027 | \$84 | 84 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 21 | 34 | \$1,799 | \$86 | \$53 | 2 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northern Lakes Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|------------|------------|-----------|
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 \$0 | 0 |
| Family Training - EBP | | S5110 | 10 | 15 Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 25 | 251 | \$47,278 | \$1,891 | \$188 | 10 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 5 | 171 | \$13,571 | \$2,714 | \$79 | 34 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 49 | 64 | \$18,624 | \$380 | \$291 | 1 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 1 | 194 | \$955 | \$955 | \$5 | 194 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 6 | 29 | \$2,023 | \$337 | \$70 | 5 |
| Targeted Case Management | | T1017 | | 15 minutes | 164 | 4,519 | \$298,265 | \$1,819 | \$66 | 28 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 306 | 430 | \$193,387 | \$632 | \$450 | 1 |

Children with Serious Emotional Disturbance

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| Northern Lakes | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 7 | 232 | \$3,928 | \$561 | \$17 | 33 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 3 | 4 | \$3,425 | \$1,142 | \$856 | 1 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 13 | 79 | \$5,079 | \$391 | \$64 | 6 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 947 | | \$4,451,319 | | | |

Children with Serious Emotional Disturbance

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| Northpointe | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 7 | 119 | \$145,701 | \$20,814 | \$1,224 | 17 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 3 | 21 | \$25,712 | \$8,571 | \$1,224 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| <u> </u> | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Northpointe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 1 | 1 | \$366 | \$366 | \$366 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 62 | 62 | \$49,311 | \$795 | \$795 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 84 | 244 | \$23,447 | \$279 | \$96 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 87 | 261 | \$41,822 | \$481 | \$160 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Northpointe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 92 | 404 | \$90,585 | \$985 | \$224 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 28 | 99 | \$18,880 | \$674 | \$191 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 45 | 157 | \$32,025 | \$712 | \$204 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 8 | 24 | \$5,438 | \$680 | \$227 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 9 | \$1,202 | \$1,202 | \$134 | 9 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Northpointe | | | Unit | | | | | | |
|--|--------------------|---------------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code HCPCS | Code Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97165 | | Encounter | 12 | 12 | \$5,848 | \$487 | \$487 | 1 |
| Occupational Therapy | 97166 | | Encounter | 8 | 8 | \$4,759 | \$595 | \$595 | 1 |
| Occupational Therapy | 97167 | | Encounter | 4 | 4 | \$2,705 | \$676 | \$676 | 1 |
| Occupational Therapy | 97168 | | Encounter | 17 | 18 | \$5,985 | \$352 | \$333 | 1 |
| Occupational or Physical Therapy | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 97802 | | 15 Minutes | 1 | 6 | \$252 | \$252 | \$42 | 6 |
| Assessment or Health Services | 97803 | | 15 Minutes | 2 | 14 | \$589 | \$294 | \$42 | 7 |
| Health Services | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$70 | \$70 | \$70 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 13 | 20 | \$1,916 | \$147 | \$96 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 91 | 335 | \$67,029 | \$737 | \$200 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 57 | 113 | \$39,222 | \$688 | \$347 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 1 | 1 | \$102 | \$102 | \$102 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 1 | 4 | \$407 | \$407 | \$102 | 4 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 1 | 1 | \$102 | \$102 | \$102 | 1 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northpointe | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 7 | 7 | \$2,163 | \$309 | \$309 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 114 | 129 | \$39,604 | \$347 | \$307 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 2 | 2 | \$175 | \$88 | \$88 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 168 | 291 | \$37,927 | \$226 | \$130 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 32 | 117 | \$30,482 | \$953 | \$261 | 4 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 64 | 8,200 | \$363,193 | \$5,675 | \$44 | 128 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northpointe | | | | Unit | | | | | | |
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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 1 | 1 | \$419 | \$419 | \$419 | 1 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 89 | 607 | \$37,251 | \$419 | \$61 | 7 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 40 | 8,164 | \$125,063 | \$3,127 | \$15 | 204 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 12 | 1,771 | \$27,130 | \$2,261 | \$15 | 148 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 18 | 829 | \$96,198 | \$5,344 | \$116 | 46 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 120 | 480 | \$3,050 | \$25 | \$6 | 4 |
| Transportation | | S0209 | · | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 2 | 2 | \$541 | \$271 | \$271 | 1 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 7 | 117 | \$5,487 | \$784 | \$47 | 17 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 9 | 199 | \$11,940 | \$1,327 | \$60 | 22 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 1 | 1 | \$102 | \$102 | \$102 | 1 |
| Respite Care | | T1005 | | 15 Minutes | 11 | 20,540 | \$71,341 | \$6,486 | \$3 | 1,867 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 141 | 2,036 | \$112,141 | \$795 | \$55 | 14 |
| Targeted Case Management | | T1017 | | 15 minutes | 3 | 25 | \$1,377 | \$459 | \$55 | 8 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 15 | 23 | \$18,256 | \$1,217 | \$794 | 2 |
| | · | | | · | · | · | · | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Northpointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 3 | 16 | \$34 | \$11 | \$2 | 5 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 10 | 103 | \$13,047 | \$1,305 | \$127 | 10 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 1 | 1 | \$859 | \$859 | \$859 | 1 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 6 | 44 | \$2,697 | \$450 | \$61 | 7 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 11 | 103 | \$2,457 | \$223 | \$24 | 9 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 360 | | \$1,566,408 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Oakland | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 204 | 2,085 | \$1,248,681 | \$6,121 | \$599 | 10 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 19 | 193 | \$2,914 | \$153 | \$15 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 3 | 35 | \$22,248 | \$7,416 | \$636 | 12 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$942 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 247 | 3,324 | \$557,782 | \$2,258 | \$168 | 13 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Part | Oakland | | yanaa a . | 24. 119 | Unit | | ** . | | | a | *** |
|--|--|--------------|------------|----------|------------------|-------|--------|-------------|-----------|-----------|-----------|
| Matter M | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Matter M | | es 0940-0942 | | | # of visits | | | | | | 0 |
| MAR Abeliaviral Endination Austracemen | | | | | Minutes | | | | | | 0 |
| MAN A Markewine Following Assessment 105T 15 15 15 15 15 15 15 | Additional Codes-ECT Anesthesia | 0901 | | | Minutes | | | | | | 0 |
| ABA Analyster Tentement 10 of T | ABA Behavior Identification Assessment | | | | Encounter | 139 | 209 | | \$206 | \$137 | 2 |
| MAR Adaptive Treatment | ABA Behavioral Follow-up Assessment | | | | First 30 Minutes | 1 | | • | | | 1 |
| ABA Adaptive Treatment 0.967 | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 1 | 4 | \$394 | \$394 | \$99 | 4 |
| Marcon | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 142 | 12,491 | \$549,179 | \$3,867 | \$44 | 88 |
| ABA Group Adaptive Behavior Treatment | ABA Adaptive Treatment | | 0365T | U5 | | 141 | 65,261 | \$2,597,199 | \$18,420 | \$40 | 463 |
| MINICAC MINICA | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 11 | 207 | \$7,875 | \$716 | \$38 | 19 |
| March Marc | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 11 | 247 | \$9,421 | \$856 | \$38 | 22 |
| Make Family Behavior Treatment Gidalance 977 97 | | | 0368T | U5 | First 30 Minutes | 137 | 2,829 | \$124,607 | \$910 | \$44 | 21 |
| ABA Family Behavior Treatment Guidance 0371T U5 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | | | 0369T | U5 | | 136 | 5,524 | \$237,775 | \$1,748 | \$43 | 41 |
| ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 77 | 377 | \$40,016 | \$520 | \$106 | 5 |
| ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 3 75 S1.419 \$473 \$19 2 ABA Exposure Adaptive Behavior Treatment 0374T U5 Bach Additional 30 3 28 \$2.834 \$9.45 \$12 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 3 228 \$2,834 \$945 \$12 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 8030 Encounter 0 0 50 50 50 50 50 50 | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 3 | 75 | \$1,419 | \$473 | \$19 | 25 |
| Pug Screen 80306 Encounter 0 0 50 50 50 50 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 3 | 228 | \$2,834 | \$945 | \$12 | 76 |
| Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Recounter | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 Assessment 90791 Encounter 181 184 \$88,735 \$490 \$482 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 <td>Interactive Complexity - Add On Code</td> <td></td> <td>90785</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 181 | 184 | \$88,735 | \$490 | \$482 | 1 |
| Substance Use: Assessment 90792 HF Encounter 0 0 0 50 50 50 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 231 427 \$47,805 \$207 \$112 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 Assessment 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90834 45 Minutes 45 Minutes 450 1,460 \$229,440 \$510 \$157 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 231 427 \$47,805 \$207 \$112 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 Assessment 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90834 45 Minutes 45 Minutes 450 1,460 \$229,440 \$510 \$157 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 < | Assessment | | 90792 | | Encounter | 416 | 418 | \$306,658 | \$737 | \$734 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 231 427 \$47,805 \$207 \$112 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$150 \$157 \$157 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 0 \$0< | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90833 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$229,440 \$510 \$150 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 231 | 427 | \$47,805 | \$207 | \$112 | 2 |
| Mental Health: Outpatient Care 90834 45 Minutes 450 1,460 \$229,440 \$510 \$157 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 450 | 1,460 | \$229,440 | \$510 | \$157 | 3 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Oakland | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 618 | 2,539 | \$579,595 | \$938 | \$228 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 161 | 312 | \$93,349 | \$580 | \$299 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 646 | 2,480 | \$612,741 | \$949 | \$247 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 55 | 355 | \$33,406 | \$607 | \$94 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 8 | 142 | \$31,099 | \$3,887 | \$219 | 18 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 1 | 1 | \$726 | \$726 | \$726 | 1 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | · | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Oakland | | | | Unit | | | | | | |
|--|--------------------|-----------|--------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code HCPCS | S Code Mo | difier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | 9611 | 6 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | 9611 | 8 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 9611 | 8 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | 9611 | 9 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 9611 | 9 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | 9612 | 0 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | 9612 | 7 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | 9637 | 2 | | Encounter | 27 | 144 | \$16,910 | \$626 | \$117 | 5 |
| Occupational or Physical Therapy | 9711 | 0 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9711 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9711 | 3 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9711 | 6 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9712 | 4 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9714 | 0 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9715 | 0 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9716 | 1 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9716 | 2 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9716 | 3 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 9716 | 4 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9716 | 5 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9716 | 6 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9716 | 7 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9716 | 8 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9753 | 0 | | 15 Minutes | 5 | 241 | \$25,752 | \$5,150 | \$107 | 48 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | 9753 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9753 | 3 | | 15 Minutes | 2 | 44 | \$2,453 | \$1,227 | \$56 | 22 |
| Occupational or Physical Therapy | 9753 | 5 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9753 | 7 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9754 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9775 | 0 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 9775 | 5 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9776 | 0 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | 9776 | 2 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 9776 | 3 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 9780 | 2 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 9780 | 3 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | 9780 | 4 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 9781 | 0 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 9781 | 1 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | 9920 | 1 | | Encounter | 28 | 29 | \$11,090 | \$396 | \$382 | 1 |

Children with Serious Emotional Disturbance

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| Oakland | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 22 | 22 | \$8,691 | \$395 | \$395 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 6 | 6 | \$2,564 | \$427 | \$427 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 3 | 3 | \$1,831 | \$610 | \$610 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 2 | 2 | \$594 | \$297 | \$297 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 25 | 50 | \$2,479 | \$99 | \$50 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 348 | 916 | \$185,570 | \$533 | \$203 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 718 | 2,714 | \$723,642 | \$1,008 | \$267 | 4 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 205 | 552 | \$168,611 | \$822 | \$305 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 13 | 13 | \$11,746 | \$904 | \$904 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Oakland | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | - | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Oakland | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 5 | 5 | \$1,697 | \$339 | \$339 | 1 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 175 | 180 | \$3,221 | \$18 | \$18 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 32 | 257 | \$0 | \$0 | \$0 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 1,340 | 1,427 | \$568,247 | \$424 | \$398 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 341 | 350 | \$88,369 | \$259 | \$252 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 1,655 | 5,550 | \$872,327 | \$527 | \$157 | 3 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 966 | 114,144 | \$6,756,051 | \$6,994 | \$59 | 118 |
| Home Based Services | | H0036 | ST | 15 Minutes | 7 | 273 | \$15,298 | \$2,185 | \$56 | 39 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 5 | 13 | \$502 | \$100 | \$39 | 3 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 53 | 2,201 | \$199,915 | \$3,772 | \$91 | 42 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Service Category Revenue Code HCPCS Code Modifier Measure Cases Units Cost Cost/Case Assertive Community Treatment (ACT) H0039 TG 15 Minutes 2 33 \$1,643 \$822 Assertive Community Treatment (ACT) H0039 TG 15 Minutes 0 0 0 \$50 \$0 Community Living Supports in Independent Living/own home H0043 TF Per Diem 0 0 0 \$50 \$0 Community Living Supports in Independent Living/own home H0043 TF Per Diem 0 0 0 \$50 \$0 Community Living Supports in Independent Living/own home H0043 TG Per Diem 0 0 0 \$50 \$0 Community Living Supports in Independent Living/own home H0043 TT Per Diem 0 0 0 \$50 \$0 Community Living Supports in Independent Living/own home H0043 TF/TT Per Diem 0 0 0 \$50 \$0 Community Living Supports in Independent Living/own home H0043 TF/TT Per Diem 0 0 0 \$50 \$50 Community Living Supports in Independent Living/own home H0043 TF/TT Per Diem 0 0 0 \$50 \$50 Community Living Supports in Independent Living/own home H0043 TG/TT Per Diem 0 0 0 \$50 \$50 Respite H0045 Days 2 17 \$2,530 \$1,265 Peer Directed and Operated Support Services H0048 Encounter 0 0 0 \$50 \$50 Substance Use Disorder: Laboratory H0048 Encounter 0 0 0 \$50 \$50 | \$50 \$0 \$0 \$0 \$0 \$0 | Unit/Case 17 0 |
|--|---|-----------------|
| Assertive Community Treatment (ACT) H0039 TG 15 Minutes 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TF Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 \$0 \$0 Respite B0045 Days 2 17 \$2,530 | \$0 \$0 \$0 \$0 | |
| Community Living Supports in Independent living/own home H0043 Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TF Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 \$0 \$0 Respite H0045 Days 2 17 \$2,530 \$1,265 Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 | \$0 \$0 \$0 | 0 |
| Community Living Supports in Independent living/own home H0043 TF Per Diem 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 | |
| Community Living Supports in Independent living/own home H0043 TG Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 \$0 \$0 \$0 Respite H0045 Days 2 17 \$2,530 \$1,265 Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home H0043 TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 \$0 \$0 Respite H0045 Days 2 17 \$2,530 \$1,265 Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 | | 0 |
| Community Living Supports in Independent living/own home H0043 TF/TT Per Diem 0 0 \$0 \$0 Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 \$0 \$0 Respite H0045 Days 2 17 \$2,530 \$1,265 Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home H0043 TG/TT Per Diem 0 0 \$0 \$0 \$0 Respite H0045 Days 2 17 \$2,530 \$1,265 Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 | | 0 |
| Respite H0045 Days 2 17 \$2,530 \$1,265 Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services H0046 Encounter 0 0 \$0 \$0 \$0 | \$0 | 0 |
| | \$149 | 9 |
| Substance Use Disorder: Laboratory H0048 Encounter 0 0 \$0 \$0 | \$0 | 0 |
| | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0919 H0050 15 Minutes 0 0 \$0 \$0 \$0 | \$0 | 0 |
| Behavior Treatment Plan Review H2000 Encounter 0 0 \$0 \$0 \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities H2000 TS Encounter 0 0 \$0 \$0 \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only H2010 15 minutes 0 0 \$0 \$0 | \$0 | 0 |
| Crisis Intervention H2011 15 Minutes 867 2,895 \$393,301 \$454 | \$136 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes H2011 HF 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Crisis Intervention H2011 TJ 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation H2014 15 minutes 2 2,790 \$7,582 \$3,791 | \$3 | 1,395 |
| Out of Home Non Vocational Habilitation H2014 HK 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) H2015 15 Minutes 87 46,077 \$245,176 \$2,818 | \$5 | 530 |
| Community Living Supports (15 Minutes) H2015 TT 15 Minutes 21 753 \$8,115 \$386 | \$11 | 36 |
| Community Living Supports (Daily) H2016 Per Diem 0 0 \$0 \$0 | \$0 | 0 |
| Behavior Services H2019 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Behavior Services H2019 TT 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Wraparound H2021 15 Minutes 96 3,009 \$546,791 \$5,696 | \$182 | 31 |
| Wraparound (SED Waiver) H2022 Days 0 0 \$0 \$0 | \$0 | 0 |
| Wraparound (SED Waiver) H2022 TT Days 0 0 \$0 \$0 | \$0 | 0 |
| Supported Employment Services H2023 15 minutes 0 0 \$0 \$0 | \$0 | 0 |
| Mental Health Therapy H2027 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0914, 0915, H2027 HF 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs H2030 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Home Based Services H2033 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing H2034 Days 0 0 \$0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, H2035 HF Hour 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, H2036 HF Per Diem 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| Telemedicine Facility Fee Q3014 GT Per Service 0 0 \$0 \$0 | \$0 | 0 |
| Transportation \$0209 Per Mile 0 0 \$0 \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Oakland | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 186 | 1,694 | \$300,031 | \$1,613 | \$177 | 9 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 3 | 3 | \$91 | \$30 | \$30 | 1 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 7 | 7 | \$1,040 | \$149 | \$149 | 1 |
| Health Services | | T1002 | | Up to 15 min | 167 | 228 | \$16,087 | \$96 | \$71 | 1 |
| Respite Care | | T1005 | | 15 Minutes | 74 | 60,501 | \$253,058 | \$3,420 | \$4 | 818 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 1 | 9 | \$1,032 | \$1,032 | \$115 | 9 |
| Targeted Case Management | | T1017 | | 15 minutes | 151 | 1,232 | \$146,192 | \$968 | \$119 | 8 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 411 | 556 | \$396,542 | \$965 | \$713 | 1 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Oakland | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 7 | 43 | \$2,379 | \$340 | \$55 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 2,920 | | \$19,444,674 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Ottawa | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 20 | 158 | \$157,636 | \$7,882 | \$998 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 9 | 97 | \$34,188 | \$3,799 | \$352 | 11 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 4 | 43 | \$39,600 | \$9,900 | \$921 | 11 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 8 | \$6,744 | \$6,744 | \$843 | 8 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 7 | 40 | \$10,954 | \$1,565 | \$274 | 6 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Ottawa | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 57 | 77 | \$37,318 | \$655 | \$485 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 21 | 34 | \$2,089 | \$99 | \$61 | 2 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 23 | 184 | \$10,705 | \$465 | \$58 | 8 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 54 | 3,979 | \$115,600 | \$2,141 | \$29 | 74 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 55 | 23,593 | \$683,738 | \$12,432 | \$29 | 429 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 53 | 1,270 | \$78,197 | \$1,475 | \$62 | 24 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 54 | 1,890 | \$116,460 | \$2,157 | \$62 | 35 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 39 | 265 | \$28,788 | \$738 | \$109 | 7 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 2 | 33 | \$3,899 | \$1,950 | \$118 | 17 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 2 | 77 | \$6,783 | \$3,391 | \$88 | 39 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 6 | 7 | \$5,139 | \$856 | \$734 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 80 | 80 | \$90,682 | \$1,134 | \$1,134 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 1 | 1 | \$1,134 | \$1,134 | \$1,134 | 1 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 29 | 41 | \$2,752 | \$95 | \$67 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 72 | 392 | \$60,077 | \$834 | \$153 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Ottawa | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 48 | 242 | \$73,099 | \$1,523 | \$302 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 2 | 2 | \$660 | \$330 | \$330 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 20 | 28 | \$9,251 | \$463 | \$330 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 222 | 2,147 | \$270,425 | \$1,218 | \$126 | 10 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 1 | 1 | \$196 | \$196 | \$196 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Personal part Personal par | Ottawa | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Nearopsych reb PsychPhys 9618 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertation of Park Section Se | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Non-regards for Pixels | Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 36 | 148 | \$18,327 | \$509 | \$124 | 4 |
| Assertation Selip US Hose 47 213 \$32.083 \$576 \$127 \$2.085 \$127 \$2.085 \$127 \$2.085 \$127 \$2.085 \$127 \$1.085 \$127 \$1.085 \$1.08 | Assessment for Autism | | 96118 | U5 | Hour | 22 | 98 | \$10,342 | \$470 | \$106 | 4 |
| Secreptops that Affairs wCharpe | Neuropsych test by Tech | | 96119 | | Per Hour | 1 | 1 | \$371 | \$371 | \$371 | 1 |
| Assessment-Other 96127 | Assessment for Autism | | 96119 | U5 | Hour | 47 | 213 | \$27,083 | \$576 | \$127 | 5 |
| Meleculon Administration | Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decrepational or Physical Therapy | Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decognition of Physical Therapy | Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy: 97116 15 Minutes 0 0 50 50 50 50 0 | Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decupational or Physical Therapy | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 Encounter 0 0 S0 S0 S0 S0 S0 O | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 50 50 50 50 0 Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 50 50 50 50 0 Occupational or Physical Therapy (Note: Retired 12/31/17) 97535 15 Minutes 0 0 50 50 50 50 0 Occupational or Physical Therapy 97535 15 Minutes 0 0 50 50 50 0 Occupational or Physical Therapy 97537 15 Minutes 0 0 50 50 50 0 Occupational or Physical Therapy 97542 15 Minutes 0 0 50 50 50 0 Occupational or Physical Therapy 97750 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97755 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97760 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97760 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97762 15 minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97763 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97763 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97803 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97804 15 Minutes 0 0 50 50 50 50 Occupational or Physical Therapy 97804 30 Minutes 0 0 50 50 50 50 Occupational Or Physical Therapy 97810 Encounter 0 0 50 50 50 50 Occupational Or Physical Therapy 97811 Encounter 0 0 50 50 50 50 Occupational Therapy 97811 Encounter 0 0 50 50 50 50 Occupational Therapy 97811 Encounter 0 0 50 50 50 50 Occupational Therapy 97811 Encounter 0 0 50 50 50 50 Occupational Therapy 97811 Encounter 0 0 50 50 50 50 Occupational Therapy 97811 Encounter 0 0 50 50 50 50 Occupational Therapy 97811 Encounter 0 0 | Occupational Therapy | | 97167 | | Encounter | 1 | 1 | \$1,160 | \$1,160 | \$1,160 | 1 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy 97533 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy 97535 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO SO O Occupational or Physical Therapy 97542 15 Minutes 0 0 SO SO SO SO O Occupational or Physical Therapy 97750 15 Minutes 0 0 SO | Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97533 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy (Note: Retired 12/31/17)</td> <td></td> <td>97532</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97533</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97535</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 S0 S0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97537</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 0 0 \$0 | | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 30 Minutes 0 0 \$ | Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 6 | 6 | \$852 | \$142 | \$142 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 59 | 98 | \$23,583 | \$400 | \$241 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 99 | 213 | \$75,589 | \$764 | \$355 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 36 | 42 | \$22,300 | \$619 | \$531 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 1 | 1 | \$98 | \$98 | \$98 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 2 | 4 | \$256 | \$128 | \$64 | 2 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 331 | 341 | \$44,243 | \$134 | \$130 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 32 | 211 | \$106,775 | \$3,337 | \$506 | 7 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 1 | 1 | \$132 | \$132 | \$132 | 1 |
| Assessment | | H0031 | | Encounter | 278 | 298 | \$103,029 | \$371 | \$346 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 254 | 269 | \$40,438 | \$159 | \$150 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 3 | 4 | \$550 | \$183 | \$138 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 67 | 4,703 | \$489,280 | \$7,303 | \$104 | 70 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 5 | 13 | \$3,626 | \$725 | \$279 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 101 | 370 | \$77,654 | \$769 | \$210 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 207 | \$1,488 | \$744 | \$7 | 104 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 7 | 477 | \$24,903 | \$3,558 | \$52 | 68 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | <u> </u> | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 44 | 388 | \$150,529 | \$3,421 | \$388 | 9 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 20 | 670 | \$19,417 | \$971 | \$29 | 34 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 26 | 187 | \$5,037 | \$194 | \$27 | 7 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 9 | 1,230 | \$5,918 | \$658 | \$5 | 137 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 97 | 740 | \$115,348 | \$1,189 | \$156 | 8 |
| Targeted Case Management | | T1017 | | 15 minutes | 133 | 330 | \$24,685 | \$186 | \$75 | 2 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 109 | 138 | \$130,456 | \$1,197 | \$945 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Ottawa | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 33 | 217 | \$3,106 | \$94 | \$14 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 689 | | \$3,372,691 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pathways | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 25 | 259 | \$271,543 | \$10,862 | \$1,048 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 6 | 29 | \$26,479 | \$4,413 | \$913 | 5 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Classpoy — Revenue Oct INPCS OCT Modern Mascure Ces Wish Ces Oct Oct Oct Wish Ces Wish C | Pathways | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Additional Codes (CTA Assocham | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mile | Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Publicker Identification Assessment 0.587 | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAS Medicinizal Follows on Assentance | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manual M | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment Collaborary Collaborary Treatment Collaborary | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAA Group Adaptive Behavive Freement 9697 | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment Big Serb Additional 30 | ABA Adaptive Treatment | | 0365T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAR Clinical Observation and Direction of Adaptive Behavior Treatment Uniform Margine Behavior Treatment Uniform Unif | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mak Family Behavior Treatment Guidance | | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance 0371T U5 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | | | 0369T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Exposure Adaptive Behavior Treatment U5 Exposure Adaptive Behavior Treatment Drug Screen 80305 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80306 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 1 90785 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 50 0 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 5 | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 0 Drug Screen 80305 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80306 Encounter 0 0 0 50 50 50 50 0 Interactive Complexity - Add On Code 90785 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90785 U5 Encounter 0 0 0 50 50 50 50 50 0 Assessment Performance Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 50 50 60 Assessment Performance Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 50 60 Assessment Performance Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 50 60 Assessment Performance Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 50 60 Assessment Performance Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 50 60 Assessment Performance Complexity - Add On Code 90791 HF Encounter 0 0 50 50 50 50 60 Assessment 90791 HF Encounter 0 0 50 50 50 50 60 Assessment For Autism 90791 U5 Encounter 0 0 50 50 50 60 Assessment 90792 HF Encounter 0 0 50 50 50 50 60 Assessment 90792 HF Encounter 0 0 50 50 50 50 60 Assessment For Autism 60 60 60 60 60 60 60 60 60 6 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 80305 Each Additional 30 0 0 50 50 50 50 0 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 0 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 0 Assessment 90792 HF Encounter 73 74 \$49,736 \$681 \$672 1 Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment Substance Use: | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 73 | 74 | \$49,736 | \$681 | \$672 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 108 172 \$16,006 \$148 \$93 2 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0919 90832 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 <td>Assessment for Autism</td> <td></td> <td>90792</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 Assessment 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 108 | 172 | \$16,006 | \$148 | \$93 | 2 |
| Mental Health: Outpatient Care 90834 45 Minutes 148 340 \$52,026 \$352 \$153 2 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 < | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 0 \$0 \$0 \$0 \$0 0 0 0 0 0 0 0 0 0 0 | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 148 | 340 | \$52,026 | \$352 | \$153 | 2 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pathways Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|------------|---|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 241 | 1,514 | \$301,123 | \$1,249 | \$199 | 6 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | • | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Fach Additional 30 Minutes | | 90840 | | Each Additional 30 | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| - Sychotherapy for Crisis Each radiational 50 Minutes | | 70040 | | Minutes | Ů. | Ü | Ψ0 | Ψ0 | 40 | |
| Therapy-Family Therapy | | 90846 | | Encounter | 84 | 234 | \$42,685 | \$508 | \$182 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 132 | 432 | \$76,666 | \$581 | \$177 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Cappara Service Ca | Pathways | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Searmagnic and Psychafthron Searmagnic and Psychafthron Searmagnic and Sear | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessment for Authors 90.11 | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Securacy for Surface | Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertance for Authors | Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Namesperk to Admin w Cross 96121 0 0 9 90 90 90 90 90 | Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment-Other 90127 | Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decognization for Physical Therapy | Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decognotion for Physical Therapy | Medication Administration | | 96372 | | Encounter | 1 | 1 | \$93 | \$93 | \$93 | 1 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97140 15 Minutes 0 0 SO SO 50 O Occupational or Physical Therapy 97150 Encounter 0 0 SO SO SO 0 Physical Therapy 97161 Encounter 0 0 SO SO SO SO O Physical Therapy 97163 Encounter 0 0 SO SO SO SO O Polysical Therapy 97164 Encounter 0 0 SO SO <td>Occupational or Physical Therapy</td> <td></td> <td>97116</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97150 Encounter 0 0 50 50 50 Physical Therapy 97161 Encounter 0 0 30 50 50 0 Physical Therapy 97163 Encounter 0 0 30 50 50 0 Physical Therapy 97164 Encounter 0 0 30 50 50 0 Occupational Therapy 97165 Encounter 0 0 30 50 50 0 Occupational Therapy 97166 Encounter 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 <td>Occupational or Physical Therapy</td> <td></td> <td>97124</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy 97165 Encounter 0 0 S0 S0 S0 S0 0 | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 Encounter 2 2 \$1,472 \$736 \$736 1 | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97168 Encounter 0 0 \$0 < | Occupational Therapy | | 97166 | | Encounter | 2 | 2 | \$1,472 | \$736 | \$736 | 1 |
| Occupational or Physical Therapy 97530 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 SO SO SO O Occupational or Physical Therapy 97533 15 Minutes 1 2 S534 S534 S50 2 Occupational or Physical Therapy 97535 15 Minutes 0 0 SO SO SO SO Occupational or Physical Therapy 97542 15 Minutes 0 0 SO SO <td>Occupational Therapy</td> <td></td> <td>97167</td> <td></td> <td>Encounter</td> <td>1</td> <td>1</td> <td>\$1,198</td> <td>\$1,198</td> <td>\$1,198</td> <td>1</td> | Occupational Therapy | | 97167 | | Encounter | 1 | 1 | \$1,198 | \$1,198 | \$1,198 | 1 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 80 80 80 0 Occupational or Physical Therapy 97533 15 Minutes 1 2 \$534 \$534 \$267 2 Occupational or Physical Therapy 97535 15 Minutes 0 0 S0 \$0 \$0 0 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 | Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97533</td> <td></td> <td>15 Minutes</td> <td>1</td> <td>2</td> <td>\$534</td> <td>\$534</td> <td>\$267</td> <td>2</td> | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 1 | 2 | \$534 | \$534 | \$267 | 2 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97535</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy 97755 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 0 0 \$0 | | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 30 Minutes 0 0 \$ | Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Pathways | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 1 | 1 | \$340 | \$340 | \$340 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 111 | 212 | \$37,672 | \$339 | \$178 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 129 | 324 | \$78,294 | \$607 | \$242 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 30 | 37 | \$16,951 | \$565 | \$458 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 1 | 1 | \$65 | \$65 | \$65 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 2 | 3 | \$140 | \$70 | \$47 | 2 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 1 | 3 | \$235 | \$235 | \$78 | 3 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 1 | 2 | \$183 | \$183 | \$91 | 2 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Pathways | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Pathways | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 3 | 4 | \$1,860 | \$620 | \$465 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 162 | 171 | \$87,296 | \$539 | \$511 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 338 | 472 | \$58,066 | \$172 | \$123 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 11 | 59 | \$6,544 | \$595 | \$111 | 5 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 142 | 7,820 | \$456,254 | \$3,213 | \$58 | 55 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 1 | 7 | \$6,572 | \$6,572 | \$939 | 7 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 194 | 1,323 | \$120,753 | \$622 | \$91 | 7 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 1 | 3 | \$274 | \$274 | \$91 | 3 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 19 | 2,172 | \$17,980 | \$946 | \$8 | 114 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 6 | 300 | \$2,483 | \$414 | \$8 | 50 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 12 | 463 | \$11,133 | \$928 | \$24 | 39 |
| Behavior Services | | H2019 | TT | 15 Minutes | 9 | 592 | \$29,426 | \$3,270 | \$50 | 66 |
| Wraparound | | H2021 | | 15 Minutes | 8 | 425 | \$3,432 | \$429 | \$8 | 53 |
| Wraparound (SED Waiver) | | H2022 | | Days | 4 | 75 | \$56,806 | \$14,201 | \$757 | 19 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 14 | 25 | \$307 | \$22 | \$12 | 2 |
| Transportation | | S0209 | · | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Pathways | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 23 | 174 | \$33,672 | \$1,464 | \$194 | 8 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 8 | 26 | \$5,636 | \$704 | \$217 | 3 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 1 | 1 | \$348 | \$348 | \$348 | 1 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 4 | 1,681 | \$6,616 | \$1,654 | \$4 | 420 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 76 | 744 | \$89,995 | \$1,184 | \$121 | 10 |
| Targeted Case Management | | T1017 | | 15 minutes | 17 | 206 | \$22,993 | \$1,353 | \$112 | 12 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 47 | 66 | \$42,140 | \$897 | \$638 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pathways | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 13 | 180 | \$6,233 | \$479 | \$35 | 14 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 1 | 1 | \$159 | \$159 | \$159 | 1 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | <u>- </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 573 | | \$2,040,420 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 4 | 25 | \$16,362 | \$4,090 | \$654 | 6 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 5 | 36 | \$35,412 | \$7,082 | \$984 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 3 | 23 | \$21,598 | \$7,199 | \$939 | 8 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Category Revenue Code Inpatient Hospital Ancillary Services - Other Therapeutic Services O940-0942 Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia O901 ABA Behavior Identification Assessment ABA Behavioral Follow-up Assessment ABA Behavioral Follow-up Assessment ABA Adaptive Treatment ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment for Autism Assessment for Autism Assessment for Autism Mental Health: Outpatient Care | 00104 00104 0359T 0362T | Modifier | Measure # of visits | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|----------------------------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment ABA Behavioral Follow-up Assessment ABA Behavioral Follow-up Assessment ABA Adaptive Treatment ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment for Autism Assessment for Autism Mental Health: Outpatient Care | 00104 0359T | | # of visits | | | 40 | | *** | |
| Additional Codes-ECT Anesthesia 0901 ABA Behavior Identification Assessment ABA Behavioral Follow-up Assessment ABA Behavioral Follow-up Assessment ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Drug Screen Drug Screen Drug Screen Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment for Autism Substance Use: Assessment Assessment for Autism Substance Use: Assessment Assessment for Autism Assessment for Autism Mental Health: Outpatient Care | 00104 0359T | | 2.0 | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment ABA Behavioral Follow-up Assessment ABA Behavioral Follow-up Assessment ABA Adaptive Treatment ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Substance Abuse - Interactive Complexity - Add On Code Assessment for Autism Substance Use: Assessment Assessment For Autism Mental Health: Outpatient Care | 0359T | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment ABA Behavioral Follow-up Assessment ABA Adaptive Treatment ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Drug Screen Drug Screen Drug Screen Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment for Autism Mental Health: Outpatient Care | 0362T | U5 | Encounter | 17 | 24 | \$10,599 | \$623 | \$442 | 1 |
| ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment for Autism Mental Health: Outpatient Care | | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 0364T | U5 | First 30 Minutes | 15 | 1,306 | \$44,671 | \$2,978 | \$34 | 87 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 0365T | U5 | Each Additional 30 Minutes | 15 | 6,003 | \$199,360 | \$13,291 | \$33 | 400 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Substance Use: Assessment Substance Use: Assessment Assessment for Autism Assessment for Autism Mental Health: Outpatient Care | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment ABA Clinical Observation and Direction of Adaptive Behavior Treatment ABA Family Behavior Treatment Guidance ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Substance Use: Assessment Assessment for Autism Assessment for Autism Assessment for Autism Assessment for Autism Mental Health: Outpatient Care | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment Substance Use: Assessment Substance Use: Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment For Autism Assessment For Autism Assessment Outpatient Care | 0368T | U5 | First 30 Minutes | 14 | 249 | \$18,198 | \$1,300 | \$73 | 18 |
| ABA Family Behavior Treatment Guidance ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment Mental Health: Outpatient Care | 0369T | U5 | Each Additional 30 Minutes | 14 | 585 | \$43,071 | \$3,077 | \$74 | 42 |
| ABA Adaptive Behavior Treatment Social Skills Group ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Substance Use: Assessment Assessment Assessment Mental Health: Outpatient Care | 0370T | U5 | Encounter | 10 | 72 | \$8,255 | \$826 | \$115 | 7 |
| ABA Exposure Adaptive Behavior Treatment ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment For Autism Assessment Substance Use: Assessment Assessment Mental Health: Outpatient Care | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Assessment Mental Health: Outpatient Care | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Mental Health: Outpatient Care | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Mental Health: Outpatient Care | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Mental Health: Outpatient Care | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Mental Health: Outpatient Care | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment Mental Health: Outpatient Care | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment Assessment for Autism Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment Assessment for Autism Mental Health: Outpatient Care | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism Mental Health: Outpatient Care | 90792 | | Encounter | 48 | 48 | \$15,697 | \$327 | \$327 | 1 |
| Mental Health: Outpatient Care | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| G.L. W. D. L. O | 90832 | | 30 Minutes | 30 | 74 | \$6,083 | \$203 | \$82 | 2 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | 90834 | | 45 Minutes | 133 | 451 | \$70,370 | \$529 | \$156 | 3 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Woullei | Measure | | | | | | |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 114 | 307 | \$57,155 | \$501 | \$186 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 5 | 6 | \$1,191 | \$238 | \$198 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 4 | 7 | \$1,187 | \$297 | \$170 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 5 | 22 | \$2,088 | \$418 | \$95 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 1 | \$145 | \$145 | \$145 | 1 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Category Neurobehavioral Status Exam Neuropsych test by Psych/Phys Assessment for Autism Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | Revenue Code HCPCS Code 96116 96118 96119 96119 96120 | Modifier U5 | Measure Per Hour Per Hour Hour Per Hour | Cases 0 0 0 | Units 0 0 | \$0 \$0 | Cost/Case \$0 | Cost/Unit \$0 | Unit/Case 0 |
|---|--|--------------|---|-------------|-----------|---------------------------------------|------------------|------------------|----------------|
| Neuropsych test by Psych/Phys Assessment for Autism Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | 96118 96118 96119 96119 | | Per Hour Hour | 0 | | · · · · · · · · · · · · · · · · · · · | | \$0 | 0 |
| Assessment for Autism Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | 96118 96119 96119 | | Hour | | 0 | \$0 | | | |
| Neuropsych test by Tech Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | 96119 96119 | | | 0 | | · · · · · · · · · · · · · · · · · · · | \$0 | \$0 | 0 |
| Assessment for Autism Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy | 96119 | U5 | Per Hour | | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | 96120 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy Occupational or Physical Therapy | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| - | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97166 | | Encounter | 1 | 1 | \$149 | \$149 | \$149 | 1 |
| Occupational Therapy | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$20 | \$20 | \$20 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 89 | 274 | \$22,472 | \$252 | \$82 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 3 | 5 | \$357 | \$119 | \$71 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 2 | 3 | \$357 | \$178 | \$119 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 1 | 3 | \$190 | \$190 | \$63 | 3 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 1 | 4 | \$388 | \$388 | \$97 | 4 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 1 | 2 | \$194 | \$194 | \$97 | 2 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 228 | 234 | \$38,330 | \$168 | \$164 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 5 | 31 | \$16,554 | \$3,311 | \$534 | 6 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 177 | 182 | \$41,284 | \$233 | \$227 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 29 | 30 | \$14,015 | \$483 | \$467 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 193 | 283 | \$46,941 | \$243 | \$166 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 32 | 3,656 | \$311,324 | \$9,729 | \$85 | 114 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 1 | 3 | \$817 | \$817 | \$272 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 76 | 367 | \$25,041 | \$329 | \$68 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 5 | 9,690 | \$46,694 | \$9,339 | \$5 | 1,938 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 11 | 418 | \$18,565 | \$1,688 | \$44 | 38 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | - | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 9 | 9 | \$498 | \$55 | \$55 | 1 |
| Health Services | | T1002 | | Up to 15 min | 24 | 24 | \$1,485 | \$62 | \$62 | 1 |
| Respite Care | | T1005 | | 15 Minutes | 5 | 5,899 | \$28,452 | \$5,690 | \$5 | 1,180 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 28 | 379 | \$36,378 | \$1,299 | \$96 | 14 |
| Targeted Case Management | | T1017 | | 15 minutes | 6 | 18 | \$1,726 | \$288 | \$96 | 3 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 54 | 78 | \$56,815 | \$1,052 | \$728 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Pines | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 1 | 2 | \$6,661 | \$6,661 | \$3,331 | 2 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 417 | | \$1,267,149 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Saginaw | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|-------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | | TICFCS Code | | Measure | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 6 | 49 | \$51,388 | \$8,565 | \$1,049 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 113 | 1,141 | \$1,016,712 | \$8,997 | \$891 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 2 | 20 | \$12,957 | \$6,478 | \$648 | 10 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | • | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 1 | - | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Saginaw | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 16 | 25 | \$13,159 | \$822 | \$526 | 2 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 15 | 806 | \$24,328 | \$1,622 | \$30 | 54 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 15 | 4,793 | \$144,634 | \$9,642 | \$30 | 320 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 14 | 197 | \$12,789 | \$914 | \$65 | 14 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 14 | 412 | \$26,513 | \$1,894 | \$64 | 29 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 11 | 35 | \$4,606 | \$419 | \$132 | 3 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 8 | 8 | \$3,033 | \$379 | \$379 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 1 | 1 | \$734 | \$734 | \$734 | 1 |
| Assessment | | 90792 | | Encounter | 166 | 190 | \$78,834 | \$475 | \$415 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 236 | 1,010 | \$157,106 | \$666 | \$156 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | - | 90833 | - | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 430 | 5,436 | \$814,119 | \$1,893 | \$150 | 13 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Saginaw Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|------------|---|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 161 | 674 | \$257,216 | \$1,598 | \$382 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | • | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Fach Additional 30 Minutes | | 90840 | | Each Additional 30 | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| - Sychotherapy for Crisis Each radiational 50 Minutes | | 20040 | | Minutes | 0 | 0 | Ψ0 | Ψ0 | Ψ0 | |
| Therapy-Family Therapy | | 90846 | | Encounter | 117 | 241 | \$41,034 | \$351 | \$170 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 194 | 613 | \$113,794 | \$587 | \$186 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 18 | 78 | \$46,334 | \$2,574 | \$594 | 4 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 117 | 763 | \$21,724 | \$186 | \$28 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 7 | 122 | \$17,391 | \$2,484 | \$143 | 17 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 7 | 7 | \$1,416 | \$202 | \$202 | 1 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 2 | \$201 | \$201 | \$101 | 2 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Neuropsychiated Physical Paragraph | | HCPCS Code | rinaw | Modifion | Unit | Cases | Units | Cost | Coat/Coas | Cont/Unit | Unit/Case |
|--|--------------------------------------|------------|---|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Neuropycht fest by Psych Phys Assessment for Autism Sel18 | | | The Category | Modifier | Measure | | | Cost | Cost/Case | Cost/Unit | |
| Assessment for Authon 96118 U5 Hour 0 0 50 | | | | | | | | | \$0 | \$0 | 0 |
| Neuropycki test by Tech | | | | | | | | | \$0 | \$0 | 0 |
| Assessment for Autism 96119 US Hour 0 0 S0 | Autism | | sessment for Autism | U5 | Hour | | | | \$0 | \$0 | 0 |
| Neuropsych test Admin w Comp | by Tech | | uropsych test by Tech | | Per Hour | | 0 | | \$0 | \$0 | 0 |
| Assessments-Other 96127 | Autism | 96119 | sessment for Autism | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | Admin w/Comp | | uropsych test Admin w/Comp | | Per Hour | | 0 | | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | her | 96127 | sessments-Other | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97112 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97116 15 Minutes 0 0 50 Occupational or Physical Therapy 97116 15 Minutes 0 0 50 Occupational or Physical Therapy 97124 15 Minutes 0 0 50 Occupational or Physical Therapy 97140 15 Minutes 0 0 50 Occupational or Physical Therapy 97151 Encounter 0 0 50 Physical Therapy 97161 Encounter 0 0 50 Physical Therapy 97162 Encounter 0 0 50 Physical Therapy 97163 Encounter 0 0 50 Physical Therapy 97164 Encounter 0 0 50 Occupational Therapy 97165 Encounter 5 6 \$1,980 5 Occupational Therapy 97166 Encounter 5 6 <t< td=""><td>ninistration</td><td></td><td>dication Administration</td><td></td><td>Encounter</td><td></td><td></td><td></td><td>\$1,125</td><td>\$178</td><td>6</td></t<> | ninistration | | dication Administration | | Encounter | | | | \$1,125 | \$178 | 6 |
| Occupational or Physical Therapy 97113 15 Minutes 0 0 50 Occupational or Physical Therapy 97116 15 Minutes 0 0 50 Occupational or Physical Therapy 97124 15 Minutes 0 0 50 Occupational or Physical Therapy 97140 15 Minutes 0 0 50 Occupational or Physical Therapy 97150 Encounter 0 0 50 Physical Therapy 97161 Encounter 0 0 50 Physical Therapy 97162 Encounter 0 0 50 Physical Therapy 97163 Encounter 0 0 50 Physical Therapy 97164 Encounter 0 0 50 Occupational Therapy 97165 Encounter 5 6 \$1,580 \$ Occupational Therapy 97166 Encounter 5 6 \$1,512 \$ \$ Occupational Therapy 97168 Encounter 0 | Physical Therapy | 97110 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97116 15 Minutes 0 0 80 Occupational or Physical Therapy 97124 15 Minutes 0 0 90 Occupational or Physical Therapy 97140 15 Minutes 0 0 50 Occupational or Physical Therapy 97150 Encounter 0 0 50 Physical Therapy 97161 Encounter 0 0 50 Physical Therapy 97162 Encounter 0 0 50 Physical Therapy 97163 Encounter 0 0 50 Physical Therapy 97164 Encounter 0 0 50 Physical Therapy 97165 Encounter 5 6 \$1,512 5 Occupational Therapy 97166 Encounter 5 6 \$1,512 5 Occupational Therapy 97168 Encounter 0 0 50 Occupational Therapy 97168 Encounter 0 0 5 <td>Physical Therapy</td> <td>97112</td> <td>cupational or Physical Therapy</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Physical Therapy | 97112 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97124 15 Minutes 0 0 SO Occupational or Physical Therapy 97140 15 Minutes 0 0 50 Occupational or Physical Therapy 97150 Eacounter 0 0 50 Physical Therapy 97161 Encounter 0 0 50 Physical Therapy 97163 Encounter 0 0 50 Physical Therapy 97164 Encounter 0 0 50 Physical Therapy 97165 Encounter 0 0 50 Occupational Therapy 97166 Encounter 5 6 \$1,980 5 Occupational Therapy 97168 Encounter 0 0 50 6 Occupational Therapy 97168 Encounter 0 0 50 6 \$1,512 5 6 \$1,512 5 6 \$1,512 5 6 \$1,512 5 6 \$1,512 5 6 <td< td=""><td>Physical Therapy</td><td>97113</td><td>cupational or Physical Therapy</td><td></td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<> | Physical Therapy | 97113 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97140 15 Minutes 0 0 SO Occupational or Physical Therapy 97150 Encounter 0 0 SO Physical Therapy 97161 Encounter 0 0 SO Physical Therapy 97163 Encounter 0 0 SO Physical Therapy 97164 Encounter 0 0 SO Physical Therapy 97165 Encounter 5 6 \$1,980 SO Occupational Therapy 97166 Encounter 5 6 \$1,512 SO Occupational Therapy 97167 Encounter 5 6 \$1,512 SO Occupational Therapy 97168 Encounter 0 0 SO Occupational Therapy 97168 Encounter 0 0 SO Occupational or Physical Therapy 97168 Encounter 0 0 SO Occupational or Physical Therapy 97530 15 Minutes 0 | Physical Therapy | 97116 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97150 Encounter 0 0 0 \$0 | Physical Therapy | 97124 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | 97140 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | 97150 | cupational or Physical Therapy | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | у | 97161 | ysical Therapy | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97164 Encounter 0 0 50 50 | у | 97162 | ysical Therapy | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97165 Encounter 5 6 \$1,980 \$ Occupational Therapy 97166 Encounter 5 6 \$1,512 \$ Occupational Therapy 97167 Encounter 0 0 \$0 Occupational Therapy 97168 Encounter 0 0 \$0 Occupational or Physical Therapy 97530 15 Minutes 7 300 \$18,334 \$2 Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97533 15 Minutes 4 89 \$8,512 \$2 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 Occupational Or Physical Therapy 97750 15 Minutes 0 0 \$0 Occupational Or Physical Therapy 97750 15 Minutes 0 0 \$0 | y | 97163 | ysical Therapy | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 Encounter 5 6 \$1,512 \$2 Occupational Therapy 97167 Encounter 0 0 \$0 Occupational Therapy 97168 Encounter 0 0 \$0 Occupational or Physical Therapy 97530 15 Minutes 7 300 \$18,334 \$2 Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97533 15 Minutes 4 89 \$8,512 \$2 Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 | y | 97164 | ysical Therapy | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97167 Encounter 0 0 80 Occupational Therapy 97168 Encounter 0 0 80 Occupational or Physical Therapy 97530 15 Minutes 7 300 \$18.334 \$2 Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97533 15 Minutes 4 89 \$8.512 \$2 Occupational or Physical Therapy 97535 15 Minutes 2 5 \$279 \$2 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97760 15 minutes 0 0 | nerapy | 97165 | cupational Therapy | | Encounter | 5 | 6 | \$1,980 | \$396 | \$330 | 1 |
| Occupational Therapy 97168 Encounter 0 0 SO Occupational or Physical Therapy 97530 15 Minutes 7 300 \$18,334 \$2 Occupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97533 15 Minutes 4 89 \$8,512 \$2 Occupational or Physical Therapy 97535 15 Minutes 2 5 \$279 \$3 Occupational or Physical Therapy 97537 15 Minutes 0 0 50 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 | nerapy | 97166 | cupational Therapy | | Encounter | 5 | 6 | \$1,512 | \$302 | \$252 | 1 |
| Ccupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 7 300 \$18,334 \$2 \$2 \$2 \$2 \$2 \$2 \$3 \$2 \$2 | nerapy | 97167 | cupational Therapy | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy (Note: Retired 12/31/17) 97532 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | nerapy | 97168 | cupational Therapy | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy 97533 15 Minutes 4 89 \$8,512 \$2 \$2 \$2 \$3 \$279 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$ | Physical Therapy | 97530 | cupational or Physical Therapy | | 15 Minutes | 7 | 300 | \$18,334 | \$2,619 | \$61 | 43 |
| Occupational or Physical Therapy 97535 15 Minutes 2 5 \$279 \$ Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 C/O for Orthotic/Prosth Use or Physical Therapy (Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 Occupational or Physical Therapy 9763 15 Minutes 0 0 \$0 Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 \$0 | Physical Therapy (Note: Retired 12/3 | 97532 | cupational or Physical Therapy (Note: Retired 12/31/17) | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 C/O for Orthotic/Prosth Use or Physical Therapy (Note: 97762 15 minutes 0 0 \$0 Retired 12/31/17) 97763 15 Minutes 0 0 \$0 Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 \$0 | Physical Therapy | 97533 | cupational or Physical Therapy | | 15 Minutes | 4 | 89 | \$8,512 | \$2,128 | \$96 | 22 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Physical Therapy | 97535 | cupational or Physical Therapy | | 15 Minutes | 2 | 5 | \$279 | \$139 | \$56 | 3 |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 \$0 | Physical Therapy | 97537 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 \$0 | Physical Therapy | 97542 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 \$ | Physical Therapy | 97750 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) 97762 15 minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 \$3 | nerapy | 97755 | cupational Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Retired 12/31/17) Occupational or Physical Therapy 97763 15 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 \$2 | Physical Therapy | 97760 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 15 Minutes 5 17 \$2,439 5 | | 97762 | | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Physical Therapy | 97763 | cupational or Physical Therapy | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 15 Minutes 1 2 \$277 | Health Services | 97802 | sessment or Health Services | | 15 Minutes | 5 | 17 | \$2,439 | \$488 | \$143 | 3 |
| • | Health Services | 97803 | sessment or Health Services | | 15 Minutes | 1 | 2 | \$277 | \$277 | \$139 | 2 |
| Health Services 97804 30 Minutes 0 0 \$0 | | 97804 | alth Services | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Disorder: Acupuncture | 97810 | bstance Use Disorder: Acupuncture | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 | | 97811 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 | | | - | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Part | Saginaw | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Non-pean Non-pean Special Sp | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Security Process Proce | Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Period Production and Management Period | New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Property | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Parameter Management Parameter Pa | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Schelanze Un Director New Patient Evaluation and Management New Patien | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Patient Politication and Management 9255 HF Encounter 0 0 0 360 | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sebasane Us Dronter: New Patient Evaluation and Management 9021 | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Subs | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Schement September Septe | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | Established Patient Evaluation and Management | | 99211 | | Encounter | 18 | 18 | \$5,075 | \$282 | \$282 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management 99212 HF Encounter 292 1,129 \$180,500 \$61 \$160 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Stabbished Parient Evaluation and Management 99213 | Established Patient Evaluation and Management | | 99212 | | Encounter | 22 | 37 | \$1,742 | \$79 | \$47 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management 99214 Encounter 186 627 821.5417 \$1.158 \$344 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 292 | 1,129 | \$180,590 | \$618 | \$160 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management 99214 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Stabilished Patient Evaluation and Management 9215 Facounter 5 5 \$3,241 \$648 \$648 \$505 \$1,241 \$648 \$648 \$505 \$1,241 \$648 \$648 \$505 \$1,241 \$648 \$1,241 \$1,24 | Established Patient Evaluation and Management | | 99214 | | Encounter | 186 | 627 | \$215,417 | \$1,158 | \$344 | 3 |
| Substance Use Disorder: Established Patient Evaluation and P9215 HF Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 30 Minutes 0 0 50 \$0 | Established Patient Evaluation and Management | | 99215 | | Encounter | 5 | 5 | \$3,241 | \$648 | \$648 | 1 |
| Additional Codes-Physician Services 99222 50 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 25 minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 35 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 <= 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 > 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 80 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Saginaw | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Saginaw | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 1 | 157 | \$563 | \$563 | \$4 | 157 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 1 | 3 | \$323 | \$323 | \$108 | 3 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 184 | 237 | \$39,237 | \$213 | \$166 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 1 | 5 | \$3,427 | \$3,427 | \$685 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 519 | 1,130 | \$393,638 | \$758 | \$348 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 48 | 48 | \$24,130 | \$503 | \$503 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 288 | 533 | \$103,639 | \$360 | \$194 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 2 | 400 | \$36,648 | \$18,324 | \$92 | 200 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 13 | 723 | \$42,888 | \$3,299 | \$59 | 56 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Saginaw | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | |
| Respite | | H0045 | | Days | 7 | 35 | \$10,860 | \$1,551 | \$310 | |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | | 15 Minutes | 198 | 1,184 | \$302,172 | \$1,526 | \$255 | |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 39 | 3,846 | \$244,517 | \$6,270 | \$64 | 99 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 3 | 23 | \$1,361 | \$454 | \$59 | - |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 1 | 31 | \$3,071 | \$3,071 | \$99 | 3 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound | | H2021 | | 15 Minutes | 69 | 2,741 | \$615,915 | \$8,926 | \$225 | 40 |
| Wraparound (SED Waiver) | | H2022 | | Days | 22 | 244 | \$221,697 | \$10,077 | \$909 | 1 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | ı |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 1 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | (|
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | (|

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Profession Pro | Saginaw | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Selection Sele | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Pamily Trinsing | Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Parting SS11 | Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Power Case | Family Training | | S5111 | | Encounter | 68 | 407 | \$151,303 | \$2,225 | \$372 | 6 |
| Four Cace | Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Power Cure | Family Training | | S5111 | HM | Encounter | 16 | 153 | \$66,669 | \$4,167 | \$436 | 10 |
| Regine | Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Exercise Section Percent Intergrency Response System (PERS) | Foster Care | | S5145 | | Days | 6 | 694 | \$170,573 | \$28,429 | \$246 | 116 |
| Personal Energency Response System (PERS) \$5160 Excounter 0 0 50 50 50 50 50 50 | Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Energency Regionse System (PERS) | Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Distribution SS165 Service 0 0 50 50 50 50 50 50 | Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment Supplies | Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decupational or Physical Through S8990 Encounter 0 0 50 50 50 50 0 0 1 | Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services S9470 Encounter 1 | Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model S9482 15 minutes 59 2,468 S228,504 S3,873 S93 42 Intensive Crisis Stabilization-Eurolled Program S9484 Hour 0 0 50 50 50 50 0 Residential Room and Board S9976 Days 0 0 50 50 50 50 Residential Room and Board S9976 HF Days 0 0 50 50 50 50 50 Substance Use Disorder, Residential Room and Board S9976 HF Days 0 0 50 50 50 50 50 Private Duty Nursing T1000 TD Up to 15 min 0 0 50 50 50 50 50 Private Duty Nursing T1000 TE Up to 15 min 0 0 50 50 50 50 50 Private Duty Nursing T1001 TE Up to 15 min 0 0 50 50 50 50 50 Private Duty Nursing T1001 TE Up to 15 min 0 0 50 50 50 50 50 Private Duty Nursing T1001 TE Up to 15 min 0 0 50 50 50 50 50 Respite Care T1002 Up to 15 min 1 2 S386 S386 S386 S193 2 Respite Care T1005 TE S1 Minutes 82 47,120 S224,022 S2,722 S5 S75 Respite Care T1005 TE S1 Minutes 82 47,120 S224,022 S2,722 S5 S5 S5 Respite Care T1005 TE S1 Minutes 4 S2,212 S7,699 S1,025 S3 S3 Respite Care T1005 TE S1 Minutes 4 S2,212 S7,699 S1,025 S3 S3 Respite Care T1005 TT S1 minutes 4 S2,212 S7,699 S1,025 S3 S3 Respite Care T1005 TT S1 minutes 4 S2,212 S7,699 S1,025 S3 S3 Respite Care T1005 TT S1 minutes 4 S2,212 S7,699 S1,025 S3 S3 Respite Care T1005 TT S1 minutes 4 S2,212 S7,699 S1,025 S3 S3 S3 Respite Care T1005 TT S1 minutes 4 S2,212 S7,699 S1,025 S3 S3 S3 Respite Care T1005 TT S1 minutes 4 S2,212 S7,699 S1,025 S3 S3 S3 S3 S3 S3 S3 S | Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Hearing Crisis Stabilization-Eurolled Program S9484 TJ Hour 0 0 50 50 50 50 0 Intensive Crisis Stabilization-Eurolled Program S9484 TJ Hour 0 0 50 50 50 50 0 Intensive Crisis Stabilization-Eurolled Program S9484 TJ Hour 0 0 50 50 50 50 0 Intensive Crisis Stabilization-Eurolled Program S9484 TJ Hour 0 0 50 50 50 50 0 Substance Use Disorder: Residential Room and Board S9976 HF Days 0 0 0 50 50 50 50 0 Substance Use Disorder: Residential Room and Board S9976 HF Days 0 0 0 50 50 50 50 0 Private Daty Nursing T1000 TD Up to 15 min 0 0 50 50 50 50 50 0 Private Daty Nursing T1000 TE Up to 15 min 0 0 50 50 50 50 50 0 Assessment T1001 Encounter 28 28 \$1,971 \$70 \$70 \$1 Health Services T1002 Up to 15 min 1 2 \$2,886 \$3386 \$193 \$2 Respite Care T1005 TD 15 Minutes 8 2 41,20 \$224,022 \$27,33 \$55 \$575 Respite Care T1005 TD 15 Minutes 0 0 50 \$50 \$50 \$0 Respite Care T1005 TD 15 Minutes 0 0 50 \$50 \$50 \$50 \$50 Respite Care T1005 TE 15 Minutes 0 0 50 \$50 \$50 \$50 \$50 Respite Care T1005 TT 15 minutes 0 0 50 \$50 \$50 \$50 \$50 \$50 Respite Care T1005 TT 15 minutes 0 0 50 \$50 \$50 \$50 \$50 \$50 Substance Use Disorder: Treatment Planting T1007 HF Encounter 0 0 50 \$50 \$50 \$50 \$50 Substance Use Disorder: Recovery Support Services T1005 T105 Encounter 0 0 50 \$50 \$50 \$50 \$50 \$50 Substance Use Disorder: Recovery Support Services T1005 Encounter 0 0 50 \$50 | Health Services | | S9470 | | Encounter | 1 | 1 | \$277 | \$277 | \$277 | 1 |
| Hensive Crisis Stabilization-Enrolled Program | Prevention Services - Direct Model | | S9482 | | 15 minutes | 59 | 2,468 | \$228,504 | \$3,873 | \$93 | 42 |
| Residential Room and Board S9976 | Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board S9976 | Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment T1001 Encounter 28 28 \$1,971 \$70 \$70 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$ | Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | Assessment | | T1001 | | Encounter | 28 | 28 | \$1,971 | \$70 | \$70 | 1 |
| Respite Care T1005 TD 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>T1002</td> <td></td> <td>Up to 15 min</td> <td>1</td> <td>2</td> <td>\$386</td> <td>\$386</td> <td>\$193</td> <td>2</td> | Health Services | | T1002 | | Up to 15 min | 1 | 2 | \$386 | \$386 | \$193 | 2 |
| Respite Care T1005 TE 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Respite Care | | T1005 | | 15 Minutes | 82 | 47,120 | \$224,022 | \$2,732 | \$5 | 575 |
| Respite Care (Children's Waiver & SED Waiver) T1005 TT 15 minutes 4 2,212 \$7,699 \$1,925 \$3 553 Substance Use Disorder: Treatment Planning T1007 HF Encounter 0 0 \$0 | Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning T1007 HF Encounter 0 0 \$0 | Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services T1009 Encounter 0 0 \$0 | Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 4 | 2,212 | \$7,699 | \$1,925 | \$3 | 553 |
| Substance Use Disorder: Recovery Support Services T1012 Encounter 0 0 \$0 | Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP T1015 Encounter 0 0 \$20 \$137 \$23 Supports Coordination/Wrap Facilitation T1016 15 minutes 38 11,132 \$759,720 \$1,989 \$68 29 Pursing Home Mental Health Monitoring T1017 SE 15 minutes 0 0 \$0 <td< td=""><td>Substance Use Disorder: Child Sitting Services</td><td></td><td>T1009</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<> | Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation T1016 15 minutes 33 772 \$106,104 \$3,215 \$137 23 Targeted Case Management T1017 15 minutes 382 11,132 \$759,720 \$1,989 \$68 29 Nursing Home Mental Health Monitoring T1017 SE 15 minutes 0 0 \$0 | Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management T1017 15 minutes 382 11,132 \$759,720 \$1,989 \$68 29 Nursing Home Mental Health Monitoring T1017 SE 15 minutes 0 0 \$0 | Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Home Mental Health Monitoring T1017 SE 15 minutes 0 0 \$0 <th< td=""><td>Supports Coordination/Wrap Facilitation</td><td></td><td>T1016</td><td></td><td>15 minutes</td><td>33</td><td>772</td><td>\$106,104</td><td>\$3,215</td><td>\$137</td><td>23</td></th<> | Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 33 | 772 | \$106,104 | \$3,215 | \$137 | 23 |
| Personal Care in Licensed Specialized Residential Setting T1020 Days 1 31 \$1,178 \$1,178 \$38 31 | Targeted Case Management | | T1017 | | 15 minutes | 382 | 11,132 | \$759,720 | \$1,989 | \$68 | 29 |
| | Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments T1023 Encounter 312 573 \$251,526 \$806 \$439 2 | Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 1 | 31 | \$1,178 | \$1,178 | \$38 | 31 |
| | Assessments | | T1023 | | Encounter | 312 | 573 | \$251,526 | \$806 | \$439 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Saginaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 18 | 320 | \$34,843 | \$1,936 | \$109 | 18 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 6 | 13 | \$797 | \$133 | \$61 | 2 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 1 | 1 | \$115 | \$115 | \$115 | 1 |
| Respite Care | | T2036 | | Per session. One night = one session | 73 | 322 | \$50,307 | \$689 | \$156 | 4 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 33 | 277 | \$18,179 | \$551 | \$66 | 8 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 789 | | \$7,424,425 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | | | | Unit | | | | | | |
|--|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 10 | 108 | \$67,985 | \$6,799 | \$629 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 6 | 59 | \$47,797 | \$7,966 | \$810 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 15 | \$11,263 | \$11,263 | \$751 | 15 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | • | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Clapsops Revenue Code RCPCS (Code Modele | Sanilac | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Minterial Color PET Amerbein 901 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Millered Color ECT Amendment 090 0004 Millered 0 0 0 50 50 50 0 0 0 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Debroke Confinitation Assessment | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAS A Relational Pollowery Assessment 1957T US Face 30 Menters 0 0 50 50 50 50 50 50 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Deliverial Pollow up Assessment DEAT US Each Additional 30 1 125 56,096 56,096 549 125 | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 1 | 2 | \$1,240 | \$1,240 | \$620 | 2 |
| Marcon M | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment 0.867 | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manual | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 1 | 125 | \$6,096 | \$6,096 | \$49 | 125 |
| ABA Croup Adaptive Behavior Treatment 10.67T 10.5 10.77T 10.5 10.77T 10.5 10.77T 10.5 10.77T 10.5 10.77 | ABA Adaptive Treatment | | 0365T | U5 | | 1 | 406 | \$19,425 | \$19,425 | \$48 | 406 |
| Market Make Chinical Observation and Direction of Adaptive Behavior Treatment 1 | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 2 | \$41 | \$41 | \$21 | 2 |
| Part | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 1 | 6 | \$121 | \$121 | \$20 | 6 |
| Maries M | | | 0368T | U5 | First 30 Minutes | 1 | 63 | \$5,308 | \$5,308 | \$84 | 63 |
| ABA Family Behavior Treatment Goldance 0371T U5 Encounter 0 0 0 50 50 50 50 0 0 ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 0 0 0 50 50 50 50 0 ABA Adaptive Behavior Treatment 0373T U5 First Offmanes 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0373T U5 Each Additional 30 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 50 50 50 50 0 Dug Screen 88036 Encounter 0 0 0 50 50 50 50 0 Dug Screen 90785 Encounter 0 0 0 50 50 50 50 0 Dug Screen 160 50 50 50 50 50 0 Dug Screen 160 50 50 50 50 0 Dug Screen 160 50 50 50 50 50 0 Dug Screen 160 50 50 50 50 50 0 Dug Screen 160 50 50 50 50 50 0 Dug Screen 160 50 50 50 50 50 0 Dug Screen 160 50 50 50 50 50 50 0 Dug Screen 160 50 50 50 50 50 50 50 50 50 50 50 50 50 | | | 0369T | U5 | | 1 | 32 | \$2,601 | \$2,601 | \$81 | 32 |
| ABA Adaptive Belavior Treatment Social Skills Group ABA Exposure Adaptive Belavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Belavior Treatment 0274T U5 Endaditional 30 0 0 0 50 50 50 50 0 ABA Exposure Adaptive Belavior Treatment Drug Screen 80305 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80306 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 0 Drug Screen 90785 U5 Encounter 0 0 0 50 50 50 50 0 Drug Screen 90785 HF Encounter 0 0 0 50 50 50 50 0 Assessment For Autism 90791 HF Encounter 20 20 58,130 5406 5406 Assessment for Autism 90791 U5 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90791 HF Encounter 20 20 58,130 5406 5406 Assessment for Autism 90791 U5 Encounter 26 26 513,763 5529 5529 1 Assessment for Autism 90792 HF Encounter 26 26 513,763 5529 5529 1 Assessment for Autism 90792 HF Encounter 26 26 56 513,763 5529 5529 1 Assessment for Autism 90792 U5 Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 HF Encou | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 1 | 2 | \$257 | \$257 | \$128 | 2 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 S0 S0 S0 S0 S0 S0 S0 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 88305 Encounter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 0 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 50 0 Interactive Complexity - Add On Code 90785 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90785 U5 Encounter 0 0 0 50 50 50 50 0 Assessment for Autism 90785 HF Encounter 0 0 50 50 50 50 0 Assessment for Autism 90791 Encounter 20 20 58,130 5406 5406 1 Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 50 0 Assessment Euse: Assessment 90792 HF Encounter 26 26 513,763 5529 5529 1 Assessment Use: Assessment 90792 HF Encounter 26 26 513,763 5529 5529 1 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 0 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 0 50 50 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$1 \$2 \$1 \$2 \$2 \$2 \$2 \$2 \$2 \$3 \$406 \$406 \$1 \$2 \$3 \$406 \$406 \$1 \$3 \$406 \$406 \$1 \$3 \$406 \$406 \$1 \$3 \$406 \$406 \$1 \$3 \$406 \$406 \$1 \$3 \$406 \$406 \$1 \$406< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 0 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 0 Assessment 90792 HF Encounter 26 26 \$13,763 \$529 \$529 \$129 Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 20 | 20 | \$8,130 | \$406 | \$406 | 1 |
| Assessment Substance Use: | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 26 | 26 | \$13,763 | \$529 | \$529 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 50 225 \$19,340 \$387 \$86 5 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 <td< td=""><td>Substance Use: Assessment</td><td></td><td>90792</td><td>HF</td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<> | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915 90832 HF 30 Minutes 0 0 \$0 < | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 50 | 225 | \$19,340 | \$387 | \$86 | 5 |
| Mental Health: Outpatient Care 90834 45 Minutes 60 244 \$33,791 \$563 \$138 4 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0919 90834 HF 45 Minutes 0 0 \$0 </td <td>Substance Use Disorder: Outpatient Care</td> <td></td> <td>90832</td> <td>HF</td> <td>30 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 60 | 244 | \$33,791 | \$563 | \$138 | 4 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Mestard Holth Configuret Care 9687 9687 9687 9687 9687 9687 9687 9687 9687 9687 9687 9687 9688 968 | ilac | | | | Unit | _ | | _ | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Solutionary Use Disorder Occapations Care 90837 | vice Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Accessment 900.08 | ntal Health: Outpatient Care | | 90837 | | 60 Minutes | 106 | 891 | \$171,715 | \$1,620 | \$193 | 8 |
| Psychotherapy for Crisis First 60 Minutes | ostance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | sessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | chotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment 0900, 0906, 0914, 0918 90847 Encounter 34 77 \$14.478 \$426 \$188 | chotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | erapy-Family Therapy | | 90846 | | Encounter | 3 | 3 | \$330 | \$110 | \$110 | 1 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90847 HF Encounter 0 0 \$ | ostance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partial Plantage Partial Plantage Plantage Partial Plantage Partial Plantage Plantage Plantage Partial Plantage Plantage Plantage Plantage Plantage Partial Plantage Plantage Plantage Plantage Plantage Partial Plantage Planta | erapy-Family Therapy | | 90847 | | Encounter | 34 | 77 | \$14,478 | \$426 | \$188 | 2 |
| Therapy-Family Therapy 90849 HS Encounter 0 0 S0 S0 S0 S0 S0 S0 | ostance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0915, 0910, 0918 90849 HF Encounter 0 0 SO SO SO Therapy-Group Therapy 90853 Encounter 7 19 \$1,673 \$239 \$88 Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90853 HF Encounter 0 0 \$0 <td>erapy-Family Therapy</td> <td></td> <td>90849</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | erapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | erapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | ostance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) 90863 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | erapy-Group Therapy | | 90853 | | Encounter | 7 | 19 | \$1,673 | \$239 | \$88 | 3 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 \$0 \$0 \$0 Additional Codes-ECT Physician 0901 90870 Encounter 0 0 \$0 | ostance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 \$0 <td>armacological Management (SED Waiver)</td> <td></td> <td>90863</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | armacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | ditional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 0 0 \$0 | ditional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 \$0 | sessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 \$0 | eech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 \$0 | eech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 \$0 | eech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 \$0 | eech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 \$0 | eech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 \$0 | eech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | eech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | eech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 \$0 \$0 \$0 | eech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | eech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 \$0 \$0 | eech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 \$0 \$0 \$0 | chological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 \$0 \$0 \$0 \$0 | sessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0 \$0 \$0 | chological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96102 U5 Hour 0 0 \$0 \$0 \$0 | sessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 \$0 \$0 | rchological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 \$0 \$0 \$0 | sessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 | sessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 | sessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 1 | 2 | \$1,042 | \$1,042 | \$521 | 2 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 2 | 11 | \$570 | \$285 | \$52 | 6 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 8 | 12 | \$2,583 | \$323 | \$215 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 76 | 242 | \$84,556 | \$1,113 | \$349 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 9 | 12 | \$6,360 | \$707 | \$530 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 1 | 1 | \$377 | \$377 | \$377 | 1 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 140 | 142 | \$54,861 | \$392 | \$386 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 3 | 3 | \$802 | \$267 | \$267 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 85 | 93 | \$24,402 | \$287 | \$262 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 5 | 6 | \$973 | \$195 | \$162 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 47 | 3,243 | \$161,577 | \$3,438 | \$50 | 69 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 28 | 138 | \$11,597 | \$414 | \$84 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 7 | 314 | \$4,255 | \$608 | \$14 | 45 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 1 | 9 | \$42 | \$42 | \$5 | 9 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 4 | 60 | \$917 | \$229 | \$15 | 15 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | Decrees Code | HCDCS C- 1 | M. P.C. | Unit | C | II-b- | Cont | G-11/G-11 | Contract | H-in/C |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 20 | 98 | \$18,834 | \$942 | \$192 | 5 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 22 | 132 | \$38,075 | \$1,731 | \$288 | 6 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 1 | 1 | \$180 | \$180 | \$180 | 1 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 8 | 3,844 | \$18,956 | \$2,369 | \$5 | 481 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 3 | 1,076 | \$2,738 | \$913 | \$3 | 359 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 101 | 1,132 | \$79,247 | \$785 | \$70 | 11 |
| Targeted Case Management | | T1017 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 38 | 57 | \$16,208 | \$427 | \$284 | 2 |
| · | | | | | | | , | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sanilac | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 1 | 2 | \$56 | \$56 | \$28 | 2 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 1 | 1 | \$34 | \$34 | \$34 | 1 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 1 | 1 | \$58 | \$58 | \$58 | 1 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 209 | | \$954,653 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Sead Psychata Rogani MDP (Prilamous season of the Control of the | Shiawassee | | | | Unit | _ | | _ | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Local Production: Reposal ADDP (TSPRomade) or come and all (10,024, 0134, 0154) 1756 1750 17 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 14 | 149 | \$148,384 | \$10,599 | \$996 | 11 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Aceast Community PT73 people 10 10 10 10 10 10 10 1 | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 8 | 62 | \$59,131 | \$7,391 | \$954 | 8 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 1 | 7 | \$1,247 | \$1,247 | \$178 | 7 |
| Part | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Case Pechanic Hospial -Acute Commany PT34poylacin 10,10,10,110,110,110 10,70 10,70 10,10 10,10,10,10,10 10,10 10,10,10,10,10 10,10 | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PTBS Annount PTBS Annount 0 0 0 50 50 50 50 50 | | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 15 | 143 | \$125,627 | \$8,375 | \$879 | 10 |
| Potential Popular Account Programmer PT78 | | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 2 | 18 | \$5,613 | \$2,806 | \$312 | 9 |
| Inpute in Hopital Ancillary Services - Room and Board 0.144 Days 0 0 0 30 30 30 30 30 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancellary Services - Learve of Absence 0183 0295 039 03 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inguient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impairent Hospital Ancillary Services - Medical/Surgical Surgiules 20 000000000000000000000000000000000 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impaired Hospital Ancillary Services - Educations 0.000,030,0305-0307 0.000,030,0305-0307 0.000,030,0305-0307 0.000,030,0305-0307 0.000,030,0305-0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0307 0.000,0305,0305,0305,0305 0.000,0305,0305,0305,0305,0305,0305,0305 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquient Hospital Ancillury Services - Radiology | | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Colora Col | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of units 0 0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 50 50 50 50 10 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 0 0 0 0 0 0 0 0 0 | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Shiawassee | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 70 | 71 | \$23,592 | \$337 | \$332 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 49 | 49 | \$10,390 | \$212 | \$212 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 61 | 108 | \$14,927 | \$245 | \$138 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 152 | 446 | \$87,280 | \$574 | \$196 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Note | Shiawassee | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|--------|-----------|-----------|-----------|-----------|
| Salbanean Les Disarders Carger Carger Carger | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Secretary Secr | Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 223 | 1,926 | \$277,419 | \$1,244 | \$144 | 9 |
| Psychiatricage for Closic Flord OMinimes | Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Popular Principal Princi | Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Parago-Panily Therapy | Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Oquipient Treatment | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Parturn Part | Therapy-Family Therapy | | 90846 | | Encounter | 56 | 10,920 | \$12,623 | \$225 | \$1 | 195 |
| Substance Use Disorder: Outputient Treatment 1903, 1908, 1994 1994 1995 | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perspansity Therapy | Therapy-Family Therapy | | 90847 | | Encounter | 68 | 352 | \$66,143 | \$973 | \$188 | 5 |
| Therapy Family Therapy 90849 HS Encounter 0 0 50 50 50 50 0 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Comparism Treatment 0000, 0006, 0914, 90845 HF Encounter 0 0 50 50 50 50 50 50 | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 90853 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Parmacological Management (SED Waiver) 90863 Encounter 0 0 50 50 50 50 0 0 0 | Therapy-Group Therapy | | 90853 | | Encounter | 9 | 26 | \$3,907 | \$434 | \$150 | 3 |
| Additional Codes ECT Physician 90870 Encounter 0 0 SO SO SO O Additional Codes ECT Physician 0901 90870 Encounter 0 0 SO | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes ECT Physician 9901 99870 Encounter 0 0 50 50 50 50 50 50 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 50 50 50 50 0 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 50 50 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 80 80 80 80 80 80 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 50 50 50 0 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 80 80 80 80 0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 9256 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 \$0 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 0 0 0 50 50 50 50 0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 50 50 50 50 0 50 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$1 \$1 \$1 \$2 \$2 \$2 \$1 \$1 \$2 \$2 \$2 \$1 \$1 \$2 \$2 \$2 \$1 \$1 \$2 \$2 \$2 \$1 \$1 \$2 \$2 \$2 \$1 \$2 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 1 1 \$647 \$647 \$647 \$1 Assessment for Autism 96101 U5 Hour 4 4 \$1,295 \$324 \$324 1 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 4 4 \$1,295 \$324 \$324 1 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 1 | \$647 | \$647 | \$647 | 1 |
| Assessment for Autism 96102 U5 Hour 0 0 \$ | Assessment for Autism | | 96101 | U5 | Hour | 4 | 4 | \$1,295 | \$324 | \$324 | 1 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Shiawassee | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 8 | 220 | \$9,664 | \$1,208 | \$44 | 28 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 9 | 248 | \$10,894 | \$1,210 | \$44 | 28 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$135 | \$135 | \$135 | 1 |
| Occupational Therapy | | 97166 | | Encounter | 8 | 8 | \$1,623 | \$203 | \$203 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 12 | 323 | \$14,188 | \$1,182 | \$44 | 27 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 11 | 230 | \$10,103 | \$918 | \$44 | 21 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 7 | 56 | \$2,460 | \$351 | \$44 | 8 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Shiawassee | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | | Measure | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 76 | 257 | \$14,854 | \$195 | \$58 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 30 | 37 | \$3,860 | \$129 | \$104 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 97 | 255 | \$27,422 | \$283 | \$108 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 11 | 19 | \$5,491 | \$499 | \$289 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 14 | 15 | \$2,236 | \$160 | \$149 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 2 | 2 | \$467 | \$234 | \$234 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 13 | 81 | \$3,329 | \$256 | \$41 | 6 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 9 | 33 | \$2,745 | \$305 | \$83 | 4 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 5 | 8 | \$959 | \$192 | \$120 | 2 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 15 | 16 | \$1,253 | \$84 | \$78 | 1 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Shiawassee | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Shiawassee | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 280 | 298 | \$55,115 | \$197 | \$185 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 234 | 249 | \$75,534 | \$323 | \$303 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 4 | 4 | \$1,383 | \$346 | \$346 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 179 | 195 | \$23,858 | \$133 | \$122 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 36 | 40 | \$7,999 | \$222 | \$200 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 86 | 5,335 | \$493,354 | \$5,737 | \$92 | 62 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 6 | \$555 | \$555 | \$92 | 6 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 20 | 847 | \$41,339 | \$2,067 | \$49 | 42 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Shiawassee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 1 | 2 | \$682 | \$682 | \$341 | 2 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 1 | 1 | \$114 | \$114 | \$114 | 1 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 67 | 214 | \$12,121 | \$181 | \$57 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 10 | 2,656 | \$25,242 | \$2,524 | \$10 | 266 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 12 | 486 | \$21,202 | \$1,767 | \$44 | 41 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Shiawassee | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 11 | 33 | \$6,099 | \$554 | \$185 | 3 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 5 | 8 | \$1,478 | \$296 | \$185 | 2 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 4 | 4 | \$874 | \$218 | \$218 | 1 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 25 | 7,180 | \$47,736 | \$1,909 | \$7 | 287 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 13 | 132 | \$12,206 | \$939 | \$92 | 10 |
| Targeted Case Management | | T1017 | | 15 minutes | 26 | 501 | \$46,330 | \$1,782 | \$92 | 19 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 83 | 121 | \$58,185 | \$701 | \$481 | 1 |

Children with Serious Emotional Disturbance

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| Shiawassee | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 3 | 18 | \$2,678 | \$893 | \$149 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 524 | | \$1,883,992 | | | |

Children with Serious Emotional Disturbance

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| St. Clair | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 78 | 785 | \$471,543 | \$6,045 | \$601 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 3 | 18 | \$2,073 | \$691 | \$115 | 6 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 20 | 183 | \$152,100 | \$7,605 | \$831 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$11,403 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 12 | 70 | \$23,193 | \$1,933 | \$331 | 6 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Clair | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 2 | 2 | \$385 | \$193 | \$193 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 2 | 23 | \$821 | \$410 | \$36 | 12 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 2 | 97 | \$3,107 | \$1,554 | \$32 | 49 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 3 | \$178 | \$178 | \$59 | 3 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 1 | 7 | \$444 | \$444 | \$63 | 7 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 2 | 8 | \$534 | \$267 | \$67 | 4 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 2 | 10 | \$641 | \$321 | \$64 | 5 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 1 | 17 | \$2,442 | \$2,442 | \$144 | 17 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 17 | 17 | \$12,210 | \$718 | \$718 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 142 | 144 | \$64,423 | \$454 | \$447 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 149 | 643 | \$54,760 | \$368 | \$85 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 271 | 1,548 | \$164,811 | \$608 | \$106 | 6 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Montable | Cost/Case Cost/Unit | Cost | Units | Cases | Unit Measure | Modifier | HCPCS Code | Revenue Code | St. Clair Service Category |
|---|---------------------|-----------|-------|-------|-----------------|----------|------------|--------------|---|
| Substances Sub | | | | | | | | | |
| Account | | | | | | ПЕ | | | · |
| Psychodustray for Crisis Each Additional 30 Manutes | | | | | | ПГ | | | |
| Poychusherapy for Crisis Each Additional 30 Minutes | | | | | | | | | = |
| Parturn Part | | | | | | | | | - |
| Substance Use Disorder: Outputient Tentment | \$0 \$0 | \$0 | 0 | 0 | | | 90840 | | Psychotherapy for Crisis Each Additional 30 Minutes |
| Decapy-Family Therapy | \$317 \$156 | \$24,381 | 156 | 77 | Encounter | | 90846 | | Therapy-Family Therapy |
| Substance Use Disorder: Outpatient Treatment | \$0 \$0 | \$0 | 0 | 0 | Encounter | HF | 90846 | | Substance Use Disorder: Outpatient Treatment |
| Part | \$791 \$171 | \$177,210 | 1,036 | 224 | Encounter | | 90847 | | Therapy-Family Therapy |
| Therapy-Family Therapy | \$0 \$0 | \$0 | 0 | 0 | Encounter | HF | 90847 | | Substance Use Disorder: Outpatient Treatment |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90849 HF Encounter 0 0 50 \$0 \$20 \$26 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 90849 | | Therapy-Family Therapy |
| Description | \$0 \$0 | \$0 | 0 | 0 | Encounter | HS | 90849 | | Therapy-Family Therapy |
| Substance Use Disorder: Outpatient Treatment | \$0 \$0 | \$0 | 0 | 0 | Encounter | HF | 90849 | | Substance Use Disorder: Outpatient Treatment |
| Pharmacological Managenent (SED Waiver) | \$2,886 \$261 | \$190,457 | 729 | 66 | Encounter | | 90853 | | Therapy-Group Therapy |
| Additional Codes-ECT Physician 90870 Encounter 0 0 50 50 50 50 50 50 | \$0 \$0 | \$0 | 0 | 0 | Encounter | HF | 90853 | | Substance Use Disorder: Outpatient Treatment |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | | | 90863 | | Pharmacological Management (SED Waiver) |
| Assessments-Other 90887 Encounter 0 0 50 50 50 50 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 90870 | | Additional Codes-ECT Physician |
| Speech & Language Therapy 92507 Encounter 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 90870 | 0901 | Additional Codes-ECT Physician |
| Speech & Language Therapy 92508 Encounter 0 0 50 50 50 Speech & Language Therapy 92521 Encounter 0 0 50 50 50 Speech & Language Therapy 92522 Encounter 0 0 50 50 50 Speech & Language Therapy 92523 Encounter 0 0 50 50 50 Speech & Language Therapy 92524 Encounter 0 0 50 50 50 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 Speech & Language Therapy 92608 Each Additional 30 bit with the standing terminal 30 bit with the standing ter | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 90887 | | Assessments-Other |
| Speech & Language Therapy 92521 Encounter 0 0 50 50 50 50 50 50 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92507 | | Speech & Language Therapy |
| Speech & Language Therapy 92522 Encounter 0 0 50 50 50 50 50 50 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92508 | | Speech & Language Therapy |
| Speech & Language Therapy 92523 Encounter 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92521 | | Speech & Language Therapy |
| Speech & Language Therapy 92524 Encounter 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92522 | | Speech & Language Therapy |
| Speech & Language Therapy 92526 Encounter 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92523 | | Speech & Language Therapy |
| Speech & Language Therapy 92607 First Hour 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92524 | | Speech & Language Therapy |
| Speech & Language Therapy 92608 Each Additional 30 Minutes 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92526 | | Speech & Language Therapy |
| Minutes Speech & Language Therapy 92609 Encounter 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | First Hour | | 92607 | | Speech & Language Therapy |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | \$0 \$0 | \$0 | 0 | 0 | | | 92608 | | Speech & Language Therapy |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 96101 U5 Hour 0 0 \$0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92609 | | Speech & Language Therapy |
| Assessment for Autism 96101 U5 Hour 0 0 \$0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 92610 | | Speech & Language Therapy |
| | \$0 \$0 | \$0 | 0 | 0 | Per Hour | | 96101 | | Psychological Testing PSYCH/PHYS |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Hour | U5 | 96101 | | Assessment for Autism |
| 15) enoughed results by recommend | \$0 \$0 | \$0 | 0 | 0 | Per Hour | | 96102 | | Psychological Testing by Technician |
| Assessment for Autism 96102 U5 Hour 0 0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Hour | U5 | 96102 | | Assessment for Autism |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Per Hour | | 96103 | | Psychological Testing by Comp |
| Assessments-Other 96105 Encounter 0 0 \$0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 96105 | | Assessments-Other |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 96110 | | Assessments-Other |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 | \$0 \$0 | \$0 | 0 | 0 | Encounter | | 96111 | | Assessments-Other |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Clair | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 2 | 16 | \$2,093 | \$1,046 | \$131 | 8 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$171 | \$171 | \$171 | 1 |
| Occupational Therapy | | 97166 | | Encounter | 1 | 1 | \$179 | \$179 | \$179 | 1 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 3 | 44 | \$2,092 | \$697 | \$48 | 15 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | - | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Clair | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 1 | 1 | \$144 | \$144 | \$144 | 1 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 3 | 3 | \$1,198 | \$399 | \$399 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 9 | 9 | \$896 | \$100 | \$100 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 187 | 681 | \$102,152 | \$546 | \$150 | 4 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 203 | 562 | \$110,682 | \$545 | \$197 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 32 | 38 | \$14,509 | \$453 | \$382 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Clair | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 2 | 5 | \$767 | \$383 | \$153 | 3 |
| Assessment | | 99335 | | Encounter | 3 | 3 | \$719 | \$240 | \$240 | 1 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Clair | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 7 | 19 | \$3,222 | \$460 | \$170 | 3 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 23 | 750 | \$97,849 | \$4,254 | \$130 | 33 |
| Assessment | | H0031 | | Encounter | 426 | 445 | \$218,624 | \$513 | \$491 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 27 | 27 | \$3,653 | \$135 | \$135 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 133 | 207 | \$23,270 | \$175 | \$112 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 64 | 138 | \$15,207 | \$238 | \$110 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 182 | 46,515 | \$1,320,482 | \$7,255 | \$28 | 256 |
| Home Based Services | | H0036 | ST | 15 Minutes | 9 | 439 | \$11,670 | \$1,297 | \$27 | 49 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 1 | 2 | \$446 | \$446 | \$223 | 2 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 19 | 882 | \$32,930 | \$1,733 | \$37 | 46 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Clair | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Reveilue Code | | Wodiner | Measure | | | | | | |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | C |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 20 | 65 | \$11,393 | \$570 | \$175 | 3 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 5 | 88 | \$1,675 | \$335 | \$19 | 18 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 100 | 11,868 | \$246,958 | \$2,470 | \$21 | 119 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 53 | 1,338 | \$33,984 | \$641 | \$25 | 25 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 1 | 365 | \$297,239 | \$297,239 | \$814 | 365 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Wraparound | | H2021 | | 15 Minutes | 13 | 803 | \$58,220 | \$4,478 | \$73 | 62 |
| Wraparound (SED Waiver) | | H2022 | | Days | 5 | 142 | \$25,276 | \$5,055 | \$178 | 28 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | C |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 1 | 4 | \$53 | \$53 | \$13 | 4 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Clair | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 120 | 568 | \$125,217 | \$1,043 | \$220 | 5 |
| Family Training | | S5111 | HA | Encounter | 13 | 91 | \$15,698 | \$1,208 | \$173 | 7 |
| Family Training | | S5111 | HM | Encounter | 27 | 265 | \$50,201 | \$1,859 | \$189 | 10 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 6 | 524 | \$22,543 | \$3,757 | \$43 | 87 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 29 | 56 | \$1,977 | \$68 | \$35 | 2 |
| Respite Care | | T1005 | | 15 Minutes | 27 | 13,968 | \$55,775 | \$2,066 | \$4 | 517 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 1 | 214 | \$621 | \$621 | \$3 | 214 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 367 | 5,916 | \$274,840 | \$749 | \$46 | 16 |
| Targeted Case Management | | T1017 | | 15 minutes | 1 | 9 | \$188 | \$188 | \$21 | 9 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 136 | 173 | \$178,350 | \$1,311 | \$1,031 | 1 |

Children with Serious Emotional Disturbance

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| St. Clair | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 2 | 2 | \$232 | \$116 | \$116 | 1 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 1 | 5 | \$498 | \$498 | \$100 | 5 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 1 | 5 | \$3,651 | \$3,651 | \$730 | 5 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 9 | 63 | \$3,096 | \$344 | \$49 | 7 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 802 | | \$5,111,546 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Joseph | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 2 | 15 | \$11,170 | \$5,585 | \$745 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 11 | 115 | \$97,990 | \$8,908 | \$852 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | - | - | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| - | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Category Inpatient Hospital Ancillary Services - Other Therapeutic Service Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment ABA Behavioral Follow-up Assessment | Revenue Code es 0940-0942 | HCPCS Code 00104 | Modifier | Measure # of visits | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment | | 00104 | | # of vicite | | | | | | |
| Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment | 0901 | 00104 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | 0901 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0359T | U5 | Encounter | 5 | 7 | \$2,952 | \$590 | \$422 | 1 |
| TIDIT DONA VIOLATI ONO W UP TESSESSMEN | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 11 | 1,022 | \$37,571 | \$3,416 | \$37 | 93 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 11 | 8,651 | \$319,517 | \$29,047 | \$37 | 786 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 5 | 487 | \$11,594 | \$2,319 | \$24 | 97 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 5 | 624 | \$14,852 | \$2,970 | \$24 | 125 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 12 | 392 | \$34,785 | \$2,899 | \$89 | 33 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 12 | 632 | \$56,029 | \$4,669 | \$89 | 53 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 2 | 13 | \$1,546 | \$773 | \$119 | 7 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 1 | 13 | \$1,910 | \$1,910 | \$147 | 13 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 1 | 130 | \$9,552 | \$9,552 | \$73 | 130 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 36 | 39 | \$11,268 | \$313 | \$289 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 3 | 3 | \$808 | \$269 | \$269 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 116 | 500 | \$43,995 | \$379 | \$88 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 108 | 375 | \$45,684 | \$423 | \$122 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | * * * | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Joseph Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|------------|-----------|-----------|
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 162 | 897 | \$132,441 | \$818 | \$148 | 6 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$132,441 | \$0 | \$0 | 0 |
| Assessment | | 90838 | 111 | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 | 0 | 0 | \$0 | \$0 \$0 | \$0 | 0 |
| rsychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Minutes Minutes | 0 | 0 | \$0 | 30 | 30 | |
| Therapy-Family Therapy | | 90846 | | Encounter | 143 | 511 | \$52,906 | \$370 | \$104 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 197 | 950 | \$120,661 | \$612 | \$127 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 8 | 88 | \$20,357 | \$2,545 | \$231 | 11 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| i issessments other | | 90103 | | | | | | | | |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 1 | 6 | \$417 | \$417 | \$69 | 6 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$83 | \$83 | \$83 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 3 | 6 | \$473 | \$158 | \$79 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 42 | 51 | \$20,685 | \$493 | \$406 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 64 | 128 | \$62,665 | \$979 | \$490 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 3 | 3 | \$1,469 | \$490 | \$490 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 3 | 3 | \$274 | \$91 | \$91 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 3 | 4 | \$243 | \$81 | \$61 | 1 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 2 | 5 | \$457 | \$228 | \$91 | 3 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 2 | 2 | \$183 | \$91 | \$91 | 1 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 1 | 1 | \$91 | \$91 | \$91 | 1 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 5 | 28 | \$16,049 | \$3,210 | \$573 | 6 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 11 | 196 | \$71,691 | \$6,517 | \$366 | 18 |
| Assessment | | H0031 | | Encounter | 226 | 256 | \$164,596 | \$728 | \$643 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 30 | 33 | \$17,271 | \$576 | \$523 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 79 | 81 | \$13,443 | \$170 | \$166 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 35 | 2,905 | \$150,455 | \$4,299 | \$52 | 83 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 14 | 54 | \$9,771 | \$698 | \$181 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 38 | \$171 | \$171 | \$4 | 38 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 57 | 23,937 | \$392,805 | \$6,891 | \$16 | 420 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Joseph | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 15 | 144 | \$34,937 | \$2,329 | \$243 | 10 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 12 | 167 | \$40,517 | \$3,376 | \$243 | 14 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 4 | 4 | \$298 | \$75 | \$75 | 1 |
| Respite Care | | T1005 | | 15 Minutes | 8 | 4,736 | \$22,914 | \$2,864 | \$5 | 592 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 1 | 5 | \$381 | \$381 | \$76 | 5 |
| Targeted Case Management | | T1017 | | 15 minutes | 212 | 3,103 | \$273,223 | \$1,289 | \$88 | 15 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 1 | 46 | \$3,544 | \$3,544 | \$77 | 46 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 40 | 49 | \$34,629 | \$866 | \$707 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| St. Joseph | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | - | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 480 | | \$2,361,325 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Summit Pointe | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 15 | 198 | \$168,507 | \$11,234 | \$851 | 13 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 15 | 115 | \$113,535 | \$7,569 | \$987 | 8 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 2 | 9 | \$7,672 | \$3,836 | \$852 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Summit Pointe Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|------------|--------------|------------|-----------|
| | | | | | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service Additional Codes-ECT Anesthesia | es 0940-0942 | 00104 | | # of visits Minutes | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | 0 |
| _ | 0901 | 00104 | | | 0 | 0 | \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment | 0901 | 0359T | U5 | Minutes Encounter | 15 | 20 | \$12,479 | \$832 | \$624 | 1 |
| _ | | 0362T | U5 | | 0 | 0 | \$12,479 | \$032 \$0 | | 0 |
| ABA Behavioral Follow-up Assessment | | | U5 | First 30 Minutes | 0 | 0 | \$0 | | \$0 \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | 05 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | 20 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 15 | 1,359 | \$50,325 | \$3,355 | \$37 | 91 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 15 | 7,700 | \$290,399 | \$19,360 | \$38 | 513 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 1 | 199 | \$5,162 | \$5,162 | \$26 | 199 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 1 | 258 | \$6,692 | \$6,692 | \$26 | 258 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 15 | 470 | \$41,379 | \$2,759 | \$88 | 31 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 15 | 459 | \$42,229 | \$2,815 | \$92 | 31 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 7 | 14 | \$2,386 | \$341 | \$170 | 2 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 174 | 637 | \$59,048 | \$339 | \$93 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 449 | 1,668 | \$251,479 | \$560 | \$151 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Marie Nath Expension Consequent Content 1907 1908 1907 1908 | Summit Pointe | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---|-----------------|------------|-------------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance (1st Desoler) Computer Core | Service Category | The remain code | | - Intounier | | | | | | | |
| Secondary Seco | | | | | | | | | | | 0 |
| Psycholinetary for Chils Ent of Mainers 9089 | - | | | HF | | | - | | | | |
| Psychological Petragon Psychological Petra | _ | | | | | | | | | | 0 |
| Pettage Family Therapy | - | | | | | | | | | | 0 |
| Substance Use Disorder: Organizent Treatment 1000, | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pacepy Family Therapy | Therapy-Family Therapy | | 90846 | | Encounter | 62 | 108 | \$17,183 | \$277 | \$159 | 2 |
| Substance Use Disorder: Outputient Treatment | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Percept Family Therapy 90849 Excounter 0 0 50 50 50 50 50 50 | Therapy-Family Therapy | | 90847 | | Encounter | 426 | 1,622 | \$242,361 | \$569 | \$149 | 4 |
| Partury Partury Substance University | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Description | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment (9900, 19906, 19914, 90883) HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partmacological Management (SED Waiver) | Therapy-Group Therapy | | 90853 | | Encounter | 19 | 120 | \$11,622 | \$612 | \$97 | 6 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 S0 S0 S0 S0 S0 S0 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 80 80 80 80 80 80 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 50 50 50 50 50 50 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 \$0 | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 First Hour 0 0 SO | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 0 0 50 50 50 50 50 5 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 50 50 50 Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 50 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 50 \$0 \$0 Assessment for Autism 96101 U5 Hour 0 0 50 \$0 <td>Speech & Language Therapy</td> <td></td> <td>92609</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 50 \$0 \$0 Psychological Testing by Technician 96102 Per Hour 0 0 \$0 | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 50 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96102 U5 Hour 0 0 50 \$ | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 50 \$0 | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Assessments-Other | | 96110 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Summit Pointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Part | Summit Pointe Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Many New | | | | | | | | | | | 0 |
| Part Properties New Interfer Frobustries and Management 1903 Part Par | | | 99201 | ПЕ | Encounter | 0 | 0 | 20 | 20 | \$0 | 0 |
| Many New Note of Position and Managemen | New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Property | | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Princes Moultania and Managemens | New Patient Evaluation and Management | | 99203 | | Encounter | 1 | 1 | \$166 | \$166 | \$166 | 1 |
| Part | | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manuscrient | New Patient Evaluation and Management | | 99204 | | Encounter | 23 | 23 | \$5,728 | \$249 | \$249 | 1 |
| Part | | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Politication and Management Politication Politi | New Patient Evaluation and Management | | 99205 | | Encounter | 196 | 196 | \$61,014 | \$311 | \$311 | 1 |
| Path | | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Selective Polyment Polym | Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder Established Patient Evaluation and Management 9921 Facuniter 10 10 10 10 10 10 10 1 | | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manusement Statistical Patrice Evaluation and Management Sp213 Recounter Sp214 Recounter Sp215 Recounter Sp215 Sp205 Sp2 | Established Patient Evaluation and Management | | 99212 | | Encounter | 57 | 71 | \$4,859 | \$85 | \$68 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 197 320 \$60.682 3308 5190 Substance Abuse: Established Patient Evaluation and Management 99214 HF Encounter 197 320 \$60.682 3308 5190 Substance Use Disorder: Established Patient Evaluation and Management 99215 HF Encounter 21 23 \$5.90 \$242 \$221 Established Patient Evaluation and Management 99215 HF Encounter 0 0 50 \$0 \$242 \$221 Substance Use Disorder: Established Patient Evaluation and Management 99215 HF Encounter 0 0 50 \$30 \$242 \$220 \$30 | | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 9924 | Established Patient Evaluation and Management | | 99213 | | Encounter | 342 | 774 | \$91,022 | \$266 | \$118 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management 99214 HF Encounter 2 0 0 S0 S0 S0 Established Patient Evaluation and Management 99215 HF Encounter 21 23 \$5,091 \$242 \$221 Substance Use Disorder: Established Patient Evaluation and Management 99215 HF Encounter 0 0 \$0 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Stablashed Patient Evaluation and Management 9915 Encounter 21 23 \$5,091 \$242 \$221 \$221 \$222 | Established Patient Evaluation and Management | | 99214 | | Encounter | 197 | 320 | \$60,682 | \$308 | \$190 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management 99215 HF Encounter 0 0 S0 S0 S0 Additional Codes-Physician Services 99221 30 Minutes 2 2 20 506 510 50 Additional Codes-Physician Services 99222 50 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99224 15 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99225 25 minutes 0 0 50 50 50 Additional Codes-Physician Services 99226 35 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99231 15 Minutes 1 1 567 | | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 30 Minutes 2 2 \$20 \$20 \$103 \$103 Additional Codes-Physician Services 99222 50 Minutes 0 0 50 \$0 <td>Established Patient Evaluation and Management</td> <td></td> <td>99215</td> <td></td> <td>Encounter</td> <td>21</td> <td>23</td> <td>\$5,091</td> <td>\$242</td> <td>\$221</td> <td>1</td> | Established Patient Evaluation and Management | | 99215 | | Encounter | 21 | 23 | \$5,091 | \$242 | \$221 | 1 |
| Additional Codes-Physician Services 99222 50 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99223 70 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99224 15 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99225 25 minutes 0 0 50 50 50 Additional Codes-Physician Services 99226 35 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99231 15 Minutes 1 1 \$67 \$67 \$67 Additional Codes-Physician Services 99232 25 minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99238 <5 minutes | | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99223 70 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99224 15 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99225 25 minutes 0 0 50 50 50 Additional Codes-Physician Services 99226 35 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99231 15 Minutes 1 1 867 867 867 Additional Codes-Physician Services 99232 25 minutes 2 3 3310 \$155 \$103 Additional Codes-Physician Services 99233 35 Minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99238 < 30 Minutes | Additional Codes-Physician Services | | 99221 | | 30 Minutes | 2 | 2 | \$206 | \$103 | \$103 | 1 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 \$ | Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 50 50 \$0 Additional Codes-Physician Services 99226 35 Minutes 0 0 50 50 \$0 Additional Codes-Physician Services 99231 15 Minutes 1 1 \$67 \$67 \$67 Additional Codes-Physician Services 99232 25 minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99233 35 Minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99238 <=30 Minutes | Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 50 \$0 \$0 Additional Codes-Physician Services 99231 15 Minutes 1 1 1 \$67 \$67 \$67 Additional Codes-Physician Services 99232 25 minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99233 35 Minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99238 <= 30 Minutes | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 15 Minutes 1 1 567 \$67 \$67 Additional Codes-Physician Services 99232 25 minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99233 35 Minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99238 <30 Minutes | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 25 minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99233 35 Minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99238 < 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99239 > 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 35 Minutes 2 3 \$310 \$155 \$103 Additional Codes-Physician Services 99238 <= 30 Minutes | Additional Codes-Physician Services | | 99231 | | 15 Minutes | 1 | 1 | \$67 | \$67 | \$67 | 1 |
| Additional Codes-Physician Services 99238 <= 30 Minutes 0 0 \$0 <t< td=""><td>Additional Codes-Physician Services</td><td></td><td>99232</td><td></td><td>25 minutes</td><td>2</td><td>3</td><td>\$310</td><td>\$155</td><td>\$103</td><td>2</td></t<> | Additional Codes-Physician Services | | 99232 | | 25 minutes | 2 | 3 | \$310 | \$155 | \$103 | 2 |
| Additional Codes-Physician Services 99239 >30 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99233 | | 35 Minutes | 2 | 3 | \$310 | \$155 | \$103 | 2 |
| Substance Use Disorder: Physician Consultations 99241 HF 15 Minutes 0 0 \$0 | | | | | | | | , , | | | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | > 30 Minutes | | | | | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | | 15 Minutes | | 0 | \$0 | | | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 60 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | | | 30 Minutes | | | | | | 0 |
| | Substance Use Disorder: Physician Consultations | | | | 40 Minutes | | | | | | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Summit Pointe | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Summit Pointe | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 130 | 138 | \$15,922 | \$122 | \$115 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 27 | 103 | \$67,520 | \$2,501 | \$656 | 4 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 650 | 665 | \$147,208 | \$226 | \$221 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 31 | 31 | \$7,997 | \$258 | \$258 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 5 | 8 | \$2,656 | \$531 | \$332 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 214 | 35,124 | \$1,052,871 | \$4,920 | \$30 | 164 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 19 | 1,490 | \$28,860 | \$1,519 | \$19 | 78 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 16 | 540 | \$10,459 | \$654 | \$19 | 34 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Summit Pointe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 1 | 4 | \$398 | \$398 | \$100 | 4 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 8 | 28 | \$7,048 | \$881 | \$252 | 4 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 47 | 206 | \$27,646 | \$588 | \$134 | 4 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 9 | 20 | \$2,961 | \$329 | \$148 | 2 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 4 | 645 | \$4,354 | \$1,089 | \$7 | 161 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 78 | 5,382 | \$186,154 | \$2,387 | \$35 | 69 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 40 | 4,164 | \$236,202 | \$5,905 | \$57 | 104 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Summit Pointe | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 16 | 26 | \$15,396 | \$962 | \$592 | 2 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 3 | 1,016 | \$2,958 | \$986 | \$3 | 339 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 138 | 729 | \$133,309 | \$966 | \$183 | 5 |
| Targeted Case Management | | T1017 | | 15 minutes | 21 | 1,018 | \$53,019 | \$2,525 | \$52 | 48 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 56 | 76 | \$58,133 | \$1,038 | \$765 | 1 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| | Summit Pointe | | | | Unit | | | | | | |
|---|--|--------------|------------|----------|-----------------------|-------|-------|-------------|-----------|-----------|-----------|
| Enhanced Medical Supplies or Pharmacy T1999 Herms 0 0 50 50 50 50 50 50 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation T2002 | Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2002 | Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation T2003 | Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2003 | Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2004 | Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation T2005 Encounter 0 0 0 S0 S0 S0 S0 S0 | Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation T2005 HF Encounter 0 0 0 S0 S0 S0 S0 S0 | Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Dut of Home Prevocational Service T2015 | Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model T2024 | Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services T2025 Month 4 23 \$2,150 \$538 \$93 Enhanced Medical Equipment-Supplies T2028 Items 0 0 \$0 \$0 \$0 Enhanced Medical Equipment-Supplies T2029 Items 0 0 \$0 \$0 \$0 Respite Care T2036 Per session. One night = one session 0 0 \$0 \$0 \$0 Respite Care T2037 Per session. One day/partial day = one session 0 0 \$0 \$0 \$0 Housing Assistance T2038 Service 0 0 \$0 \$0 \$0 Enhanced Medical Equipment-Supplies T2039 Items 0 0 \$0 \$0 \$0 Goods and Services T2039 HK Per Item 0 0 \$0 \$0 \$0 Wraparound Services T5999 HK Per Item 0 0 \$0 \$0 \$0 Parmacy (Drugs and Other Biologicals) T5999 Per Item 0 0 \$0 \$0 \$0 Aggregate for T Codes ALL 0 0 \$0 \$0 \$0 \$0 \$0 So Sol Sol Sol Sol Sol Sol Sol Sol Sol | Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies T2028 Items 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies T2029 Items 0 0 \$0 <td>Fiscal Intermediary Services</td> <td></td> <td>T2025</td> <td></td> <td>Month</td> <td>4</td> <td>23</td> <td>\$2,150</td> <td>\$538</td> <td>\$93</td> <td>6</td> | Fiscal Intermediary Services | | T2025 | | Month | 4 | 23 | \$2,150 | \$538 | \$93 | 6 |
| Respite Care T2036 Per session. One night = 0 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care T2037 Per session. One day/partial day = one session Per session. One day/partial day = one session. Figure 1 | Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance T2038 Service O O S0 S0 S0 S0 S0 S0 | Respite Care | | T2036 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies T2039 Items 0 0 \$0 <td>Respite Care</td> <td></td> <td>T2037</td> <td></td> <td>day/partial day = one</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Respite Care | | T2037 | | day/partial day = one | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services T5999 HK Per Item 0 0 \$0 | Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services T5999 Per Item 0 0 \$0 <th< td=""><td>Enhanced Medical Equipment-Supplies</td><td></td><td>T2039</td><td></td><td>Items</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<> | Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) 0 0 \$0 | Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other 0 0 \$0 \$0 \$0 \$0 Aggregate for T Codes ALL 0 0 \$0 <td>Wraparound Services</td> <td></td> <td>T5999</td> <td></td> <td>Per Item</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes ALL 0 0 0 \$0 \$0 \$0 | Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost 1,281 \$3,809,430 | Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Total Population and Cost | | | | | 1,281 | | \$3,809,430 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Tuscola | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 2 | 15 | \$10,861 | \$5,431 | \$724 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 4 | \$404 | \$404 | \$101 | 4 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 20 | 130 | \$104,199 | \$5,210 | \$802 | 7 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 5 | \$1,704 | \$1,704 | \$341 | 5 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Tuscola | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 6 | 8 | \$4,044 | \$674 | \$506 | 1 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 8 | 769 | \$22,521 | \$2,815 | \$29 | 96 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 8 | 640 | \$193,431 | \$24,179 | \$302 | 80 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 8 | 89 | \$5,495 | \$687 | \$62 | 11 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 8 | 220 | \$13,906 | \$1,738 | \$63 | 28 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 5 | 39 | \$4,958 | \$992 | \$127 | 8 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 74 | 74 | \$53,401 | \$722 | \$722 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 15 | 22 | \$2,725 | \$182 | \$124 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | - | 90834 | | 45 Minutes | 70 | 248 | \$43,548 | \$622 | \$176 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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| Tuscola | | | | Unit | _ | | _ | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 70 | 225 | \$67,077 | \$958 | \$298 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 2 | 2 | \$152 | \$76 | \$76 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 33 | 129 | \$29,906 | \$906 | \$232 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 1 | 1 | \$197 | \$197 | \$197 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 4 | \$370 | \$370 | \$93 | 4 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Tuscola | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 71 | 131 | \$22,344 | \$315 | \$171 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 85 | 197 | \$39,551 | \$465 | \$201 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 27 | 49 | \$15,430 | \$571 | \$315 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 11 | 21 | \$11,021 | \$1,002 | \$525 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 2 | 2 | \$209 | \$105 | \$105 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 17 | 17 | \$2,394 | \$141 | \$141 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 17 | 65 | \$2,629 | \$155 | \$40 | 4 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 10 | 25 | \$1,859 | \$186 | \$74 | 3 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 4 | 5 | \$536 | \$134 | \$107 | 1 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 16 | 16 | \$1,194 | \$75 | \$75 | 1 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Tuscola | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Tuscola | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 1 | 12 | \$5,440 | \$5,440 | \$453 | 12 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 165 | 178 | \$75,110 | \$455 | \$422 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 17 | 18 | \$11,690 | \$688 | \$649 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 76 | 78 | \$21,658 | \$285 | \$278 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 135 | 16,526 | \$1,552,296 | \$11,498 | \$94 | 122 |
| Home Based Services | | H0036 | ST | 15 Minutes | 29 | 1,716 | \$162,299 | \$5,597 | \$95 | 59 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 1 | 16 | \$846 | \$846 | \$53 | 16 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 28 | 232 | \$13,865 | \$495 | \$60 | 8 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 5 | 34 | \$5,576 | \$1,115 | \$164 | 7 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 1 | 25 | \$1,244 | \$1,244 | \$50 | 25 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 78 | 174 | \$6,904 | \$89 | \$40 | 2 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 5 | 48 | \$16,949 | \$3,390 | \$353 | 10 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 2 | 3 | \$805 | \$402 | \$268 | 2 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 4 | 4 | \$477 | \$119 | \$119 | 1 |
| Respite Care | | T1005 | | 15 Minutes | 21 | 2,049 | \$4,739 | \$226 | \$2 | 98 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 14 | 107 | \$13,223 | \$945 | \$124 | 8 |
| Targeted Case Management | | T1017 | | 15 minutes | 16 | 254 | \$25,050 | \$1,566 | \$99 | 16 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 34 | 38 | \$26,758 | \$787 | \$704 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Tuscola | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 72 | 589 | \$5,341 | \$74 | \$9 | 8 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 20 | 140 | \$11,104 | \$555 | \$79 | 7 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 302 | | \$2,617,441 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Van Buren | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 2 | 23 | \$22,420 | \$11,210 | \$975 | 12 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 4 | 45 | \$51,858 | \$12,965 | \$1,152 | 11 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 4 | 21 | \$18,378 | \$4,594 | \$875 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Paper Thomps Services Other Emergenic Services Other Emergenic Services Other Emergenic Services Other Design Other Other Services Other Design Other Other Services Other Design Oth | Van Buren | Decree Code | HCDGs G. I. | M. P.C. | Unit | Corre | TTebe | G. v | G. H.G. | Contains | II-iv/C |
|--|--|--------------|-------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Additional Code-SetT Assorbasis 08014 Minutes 0 0 950 50 50 50 50 50 50 50 50 50 50 50 50 5 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mathematical Cades CCT Accentations 0901 0902 50 50 50 50 50 50 50 | _ | es 0940-0942 | | | | | | | | | 0 |
| ABA Delawiser Institution convenement | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAR Debarderal Follow up Auscessment | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Rehavroar Fedors-up Accessment ABA Adaptive Treatment ABA Adaptive Rehavior Treatment ABA Adaptive Rehavior Treatment ABA Compa Adaptive Rehavior Treatment Adaptive Rehavior ABA Compa Adaptive Rehavior Treatment Adaptive Rehavior ABA Compa Adaptive Rehavior Treatment Adaptive Rehavior ABA Compa Adaptive Rehavior Treatment Social Skills Group ABA Adaptive Rehavior Treatment ABA Compa Ada Compa Adaptive Rehavior Treatment ABA Compa Adaptive Rehavior Treatment ABA Compa Adaptive Rehavior Treatment ABA Compa Adap | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 5 | 8 | \$4,322 | \$864 | \$540 | 2 |
| Minates | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Teatment ABA Comp Adaptive Behavior ABA Comp Adaptive Be | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAB Group Adaptive Relavivir Treatment 0.567T U.5 First 30 Minutes 0 0 0 50 50 50 50 50 | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 7 | 862 | \$35,587 | \$5,084 | \$41 | 123 |
| ABA Group Adaptive Behavior Treatment 036T U5 Each Addisonal 30 Minutes 7 209 \$20,773 \$2,910 \$97 Treatment ABA Clasical Observation and Direction of Adaptive Behavior ABA Family Behavior Treatment Guidance 0370T U5 Each Addisonal 30 7 S579 \$56,439 \$8,063 \$977 Treatment Guidance 0370T U5 Each Addisonal 30 7 S579 \$56,439 \$8,063 \$978 ABA Family Behavior Treatment Guidance 0370T U5 Each Addisonal 30 7 S579 \$56,439 \$8,063 \$978 ABA Family Behavior Treatment Guidance 0370T U5 Each Addisonal 30 0 0 \$90 \$90 \$90 \$90 \$90 \$90 \$90 | ABA Adaptive Treatment | | 0365T | U5 | | 7 | 7,659 | \$313,017 | \$44,717 | \$41 | 1,094 |
| Mathematical Observation and Direction of Adaptive Behavior 0368T U5 First Minutes 7 209 \$20,373 \$2,201 \$97 \$77 \$79 \$56,439 \$8,003 \$97 \$15 \$10 | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Posture Post | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pentmet | | | 0368T | U5 | First 30 Minutes | 7 | 209 | \$20,373 | \$2,910 | \$97 | 30 |
| ABA Family Behavior Treatment Guidance 0371T U5 Encounter 0 0 0 50 50 50 50 50 ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 0 0 0 50 50 50 50 50 ABA Adaptive Behavior Treatment 1 0373T U5 Encounter 0 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0374T U5 Each Additional 30 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0574T U5 Each Additional 30 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 1 0 0 0 50 50 50 50 ABA Exposure Adaptive Behav | | | 0369T | U5 | | 7 | 579 | \$56,439 | \$8,063 | \$97 | 83 |
| ABA Adaptive Behavior Treatment Social Skills Group 0372T U5 Encounter 0 0 50 50 50 50 ABA Exposure Adaptive Behavior Treatment 0373T U5 First of Minutes 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 0 0 0 50 50 50 Drug Screen 80306 Encounter 0 0 0 50 50 50 50 Drug Screen 80306 Encounter 0 0 0 50 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 Interactive Complexity - Add On Code 90785 Encounter 0 0 0 50 50 50 Assessment for Autism 90785 U5 Encounter 0 0 0 50 50 50 Assessment For Autism 0 90785 HF Encounter 0 0 0 50 50 50 Assessment W 90791 HF Encounter 0 0 0 50 50 50 Assessment W 90791 HF Encounter 0 0 0 50 50 50 Assessment W 90791 HF Encounter 0 0 0 50 50 50 Assessment W 90791 HF Encounter 0 0 0 50 50 50 Assessment W 90791 HF Encounter 0 0 50 50 50 Assessment W 90791 HF Encounter 0 0 50 50 50 Assessment W 90791 HF Encounter 0 0 50 50 50 Assessment W 90791 U5 Encounter 0 0 50 50 50 Assessment W 90791 U5 Encounter 0 0 50 50 50 Assessment W 90791 U5 Encounter 0 0 50 50 50 Assessment W 90791 U5 Encounter 0 0 50 50 50 Assessment W 90791 U5 Encounter 0 0 50 50 50 Assessment W 90792 HF Encounter 0 0 50 50 50 Assessment W 90792 U5 Encounter 0 0 50 50 50 Assessment For Autism 90792 HF Encounter 0 0 50 50 50 Assessment For Autism 90792 HF Encounter 0 0 50 50 50 Assessment W 90792 U5 Encounter 0 0 50 50 50 Assessment W 90794 W 90832 HF 90832 HF 90832 HF 90832 HF 90832 HF 90833 S0 Minutes 91 359 \$48,693 \$535 \$136 Substance Use Disorder: Outpatient Care 90832 HF 90834 HF | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 4 | 21 | \$4,094 | \$1,024 | \$195 | 5 |
| ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 Minutes Drug Screen 80305 Encounter 0 0 0 50 50 50 Drug Screen 80306 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 10 0 0 50 50 50 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 0374T US Each Additional 30 0 0 0 SO SO SO SO Drug Screen 80305 Encounter 0 0 0 0 SO SO SO Drug Screen 80307 Encounter 0 0 0 SO SO SO Drug Screen 80307 Encounter 0 0 0 SO SO SO SO SO Drug Screen 80307 Encounter 0 0 0 SO SO SO SO SO SO SO S | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen \$80305 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 50 | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 50 Interactive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Substance Lyse: Assessment 90791 HF Encounter 154 156 563,381 5412 5406 Substance Use: Assessment 90791 U5 Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment for Autism 90792 HF Encounter 61 62 520,192 5331 5326 Substance Use: Assessment 90792 U5 Encounter 0 0 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 Mental Health: Outpatient Care 90832 30 Minutes 91 359 \$48,693 \$535 \$136 Substance Use Disorder: Outpatient Care 9090, 9096, 6914, 90832 HF 30 Minutes 0 0 50 50 50 Mental Health: Outpatient Care 90833 30 Minutes 0 0 50 50 50 Mental Health: Outpatient Care 90834 45 Minutes 137 767 \$205,581 \$1,501 \$268 Substance Use Disorder: Outpatient Care 9090, 6906, 6914, 90834 HF 45 Minutes 0 0 50 50 50 Substance Use Disorder: Outpatient Care 9090, 6906, 6914, 90834 HF 45 Minutes 0 0 0 50 50 50 Substance Use Disorder: Outpatient Care 9090, 6906, 6914, 90834 HF 45 Minutes 0 0 0 50 50 50 Substance Use Disorder: Outpatient Care 9090, 6906, 6914, 90834 HF 45 Minutes 0 0 0 50 50 50 Substance Use Disorder: Outpatient Care 9090, 6906, 6914, 90834 HF 45 Minutes 0 0 0 0 50 50 Substance Use Disorder: Outpatien | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 154 | 156 | \$63,381 | \$412 | \$406 | 1 |
| Assessment 90792 HF Encounter 61 62 \$20,192 \$331 \$326 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90792 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90832 HF 30 Minutes 91 359 \$48,693 \$535 \$136 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$ | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 50 \$0 \$0 Mental Health: Outpatient Care 90832 30 Minutes 91 359 \$48,693 \$535 \$136 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 Assessment 90833 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 Mental Health: Outpatient Care 90834 45 Minutes 137 767 \$205,581 \$1,501 \$268 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 Mental Health: Outpatient Care 0900, 0906, 0914, 0914, 0915, 0916, 0919 Mental Health: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 | Assessment | | 90792 | | Encounter | 61 | 62 | \$20,192 | \$331 | \$326 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 91 359 \$48,693 \$535 \$136 Substance Use Disorder: Outpatient Care 0900,0906,0914, 0915,0916,0919 90832 HF 30 Minutes 0 0 \$ | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0919 90832 HF 30 Minutes 0 0 \$0 < | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 91 | 359 | \$48,693 | \$535 | \$136 | 4 |
| Mental Health: Outpatient Care 90834 45 Minutes 137 767 \$205,581 \$1,501 \$268 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 137 | 767 | \$205,581 | \$1,501 | \$268 | 6 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Van Buren | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 52 | 172 | \$67,466 | \$1,297 | \$392 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 26 | 32 | \$6,514 | \$251 | \$204 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 6 | 11 | \$1,493 | \$249 | \$136 | 2 |
| Therapy-Family Therapy | | 90846 | | Encounter | 33 | 91 | \$17,641 | \$535 | \$194 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 78 | 223 | \$45,921 | \$589 | \$206 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 6 | 28 | \$2,432 | \$405 | \$87 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 1 | 1 | \$179 | \$179 | \$179 | 1 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 15 | 45 | \$12,213 | \$814 | \$271 | 3 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Van Buren | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 1 | 7 | \$646 | \$646 | \$92 | 7 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | - | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Van Buren | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 3 | 4 | \$217 | \$72 | \$54 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 127 | 397 | \$32,408 | \$255 | \$82 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 2 | 4 | \$708 | \$354 | \$177 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 1 | 1 | \$250 | \$250 | \$250 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 2 | 2 | \$212 | \$106 | \$106 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 1 | 1 | \$106 | \$106 | \$106 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 3 | 6 | \$416 | \$139 | \$69 | 2 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 4 | 6 | \$637 | \$159 | \$106 | 2 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 3 | 4 | \$425 | \$142 | \$106 | 1 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Van Buren | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Van Buren | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 160 | 174 | \$23,612 | \$148 | \$136 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 13 | 74 | \$50,093 | \$3,853 | \$677 | 6 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 84 | 92 | \$24,843 | \$296 | \$270 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 30 | 2,386 | \$233,577 | \$7,786 | \$98 | 80 |
| Home Based Services | | H0036 | ST | 15 Minutes | 12 | 811 | \$79,466 | \$6,622 | \$98 | 68 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 1 | 6 | \$73 | \$73 | \$12 | 6 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Van Buren | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 6 | 36 | \$10,723 | \$1,787 | \$298 | 6 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 3 | 11 | \$3,344 | \$1,115 | \$304 | 4 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 5 | 32 | \$9,727 | \$1,945 | \$304 | 6 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 16 | 2,223 | \$27,149 | \$1,697 | \$12 | 139 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 7 | 201 | \$2,455 | \$351 | \$12 | 29 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 1 | 32 | \$1,180 | \$1,180 | \$37 | 32 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 1 | 83 | \$8,202 | \$8,202 | \$99 | 83 |
| Wraparound (SED Waiver) | | H2022 | | Days | 1 | 1 | \$456 | \$456 | \$456 | 1 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Van Buren | D G I | Hobos o | M PC | Unit | 0 | *** | G . | 0.10 | 0 | H :-/G |
|---|--------------|------------|----------|--------------|-------|-------------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 5 | 16 | \$5,211 | \$1,042 | \$326 | 3 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 6 | 48 | \$15,632 | \$2,605 | \$326 | 8 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 3 | 1,173 | \$6,367 | \$2,122 | \$5 | 391 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 1 | 6 | \$782 | \$782 | \$130 | 6 |
| Targeted Case Management | | T1017 | | 15 minutes | 104 | 3,535 | \$538,452 | \$5,177 | \$152 | 34 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 40 | 54 | \$21,983 | \$550 | \$407 | 1 |
| | | | | | | | T=-10 VV | 7777 | + / | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Van Buren | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 10 | 229 | \$37,399 | \$3,740 | \$163 | 23 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 13 | 109 | \$8,870 | \$682 | \$81 | 8 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 398 | | \$2,163,812 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Cocal Psychiatric Hospital/IMD PT68 bundled per diem 0100 PT68 Days 38 335 \$283,889 \$7,471 \$847 9 Cocal Psychiatric Hospital/IMD PT68 bundled per diem 0100 PT68 Days 17 134 \$113,556 \$6,680 \$847 \$8 Cocal Psychiatric Hospital/IMD PT68 bundled per diem 0100 PT68 Days 17 134 \$113,556 \$6,680 \$847 \$8 Cocal Psychiatric Hospital/IMD PT68 bundled per diem 0100 PT68 Days 0 0 \$0 \$0 \$0 \$0 \$0 Cocal Psychiatric Hospital/IMD PT68 bundled per diem 0114, 0124, 0134, 0154 PT68 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Washtenaw | | | | Unit | | | | | | |
|--|---|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Local Processing Enging MarDer Professionation conclouded 10,000 (| Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Processing Engraph/DP (Prophysician can canclased) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 38 | 335 | \$283,889 | \$7,471 | \$847 | 9 |
| South Post March Progression one seached 014, 013, 014, 015, 016, 016, 017, 017, 019, 017, 019, 017, 019, 017, 019, 017, 019, 017, 019, 017, 019, 017, 019, 019, 019, 019, 019, 019, 019, 019 | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 17 | 134 | \$113,556 | \$6,680 | \$847 | 8 |
| Lead Psychiatric Hospital - Acant Community PT7 bord PT7 PT7 Bord PT7 | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per | | 0100 | | PT73 | Days | 52 | 517 | \$457,798 | \$8,804 | \$885 | 10 |
| Part | | 0100 | | PT73 | Days | 21 | 157 | \$139,022 | \$6,620 | \$885 | 7 |
| PRB Annean | Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decide Psychiatric Hospital Aceallury Services - Rooman Bloand 0144 Days 0 0 0 0 0 0 0 0 0 | | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquition Hospital Ancillary Services - Room and Board | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Leave of Absence 0183 0183 0195 01 01 01 01 01 01 01 0 | Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical Surgical Supple 2010-0724 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquient Hospital Ancillary Services - Medical/Surgical Surgius 200-0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impaired Hospital Ancillary Services - Laboratory 0300-0305-0307 16 of tests 0 0 0 0 0 0 0 0 0 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anserbisa's 0370 0 0 0 0 0 0 0 0 0 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy | ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Paptient Hospital Ancillary Services - Audiology 0470-0472 # of tests 0 0 0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - Magnetic Resonance Gold-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of units 0 0 80 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room 0710 0 0 0 50 50 50 0 0 1 1 1 1 1 1 1 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Paptient Hospital Ancillary Services - EEG 0740 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Hour 0 0 \$73,916 \$73,916 \$986 75 Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 900, 0902-0904, 0911, 0914-0919 # of visits 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Encounter 1 75 \$73,916 \$73,916 \$986 75 Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 # of visits 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services - Psychiatric/Psychological O900, 0902-0904, 0911, 0914-0919 91 | Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 Days 44 506 \$192,705 \$4,380 \$381 12 Outpatient Partial Hospitalization 0913 Days 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 1 | 75 | \$73,916 | \$73,916 | \$986 | 75 |
| Outpatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | Days | 44 | 506 | \$192,705 | \$4,380 | \$381 | 12 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Washtenaw | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 7 | 12 | \$5,189 | \$741 | \$432 | 2 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 1 | 4 | \$203 | \$203 | \$51 | 4 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 Minutes | 1 | 8 | \$244 | \$244 | \$30 | 8 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 11 | 599 | \$16,826 | \$1,530 | \$28 | 54 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 11 | 2,514 | \$76,602 | \$6,964 | \$30 | 229 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 2 | 4 | \$41 | \$21 | \$10 | 2 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 2 | 16 | \$134 | \$67 | \$8 | 8 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 11 | 135 | \$7,258 | \$660 | \$54 | 12 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 11 | 195 | \$9,329 | \$848 | \$48 | 18 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 8 | 30 | \$3,293 | \$412 | \$110 | 4 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 1 | 1 | \$341 | \$341 | \$341 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 105 | 106 | \$51,562 | \$491 | \$486 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 58 | 101 | \$11,642 | \$201 | \$115 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 83 | 167 | \$34,188 | \$412 | \$205 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Washtenaw | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 179 | 862 | \$198,562 | \$1,109 | \$230 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 52 | 170 | \$26,816 | \$516 | \$158 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 249 | 1,607 | \$278,252 | \$1,117 | \$173 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 7 | 14 | \$1,903 | \$272 | \$136 | 2 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 1 | 3 | \$408 | \$408 | \$136 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 14 | 117 | \$4,879 | \$348 | \$42 | 8 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 1 | 1 | \$306 | \$306 | \$306 | 1 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96111 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Washtenaw | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 4 | 27 | \$1,483 | \$371 | \$55 | 7 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Washtenaw | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$60 | \$60 | \$60 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 3 | 3 | \$839 | \$280 | \$280 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 129 | 249 | \$53,891 | \$418 | \$216 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 213 | 802 | \$184,524 | \$866 | \$230 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 3 | 3 | \$837 | \$279 | \$279 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 1 | 1 | \$289 | \$289 | \$289 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 13 | 156 | \$42,229 | \$3,248 | \$271 | 12 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 499 | 589 | \$157,304 | \$315 | \$267 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 4 | 4 | \$1,593 | \$398 | \$398 | 1 |
| Treatment Planning | | H0032 | | Encounter | 253 | 375 | \$55,703 | \$220 | \$149 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 12 | 17 | \$2,525 | \$210 | \$149 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | · | H0036 | | 15 Minutes | 53 | 6,214 | \$949,623 | \$17,917 | \$153 | 117 |
| Home Based Services | | H0036 | ST | 15 Minutes | 17 | 972 | \$178,449 | \$10,497 | \$184 | 57 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 2 | 85 | \$5,622 | \$2,811 | \$66 | 43 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 9 | 741 | \$58,969 | \$6,552 | \$80 | 82 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | <u> </u> | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 1 | 6 | \$492 | \$492 | \$82 | 6 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 127 | 605 | \$205,234 | \$1,616 | \$339 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 9 | 394 | \$1,868 | \$208 | \$5 | 44 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 3 | 6,765 | \$31,051 | \$10,350 | \$5 | 2,255 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 13 | 670 | \$212,631 | \$16,356 | \$317 | 52 |
| Wraparound (SED Waiver) | | H2022 | | Days | 13 | 173 | \$62,202 | \$4,785 | \$360 | 13 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 42 | 214 | \$30,303 | \$721 | \$142 | 5 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 52 | 1,564 | \$60,277 | \$1,159 | \$39 | 30 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 152 | 156 | \$21,261 | \$140 | \$136 | 1 |
| Health Services | | T1002 | | Up to 15 min | 15 | 22 | \$1,236 | \$82 | \$56 | 1 |
| Respite Care | | T1005 | | 15 Minutes | 8 | 3,658 | \$15,364 | \$1,920 | \$4 | 457 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 2 | 25 | \$4,278 | \$2,139 | \$171 | 13 |
| Targeted Case Management | | T1017 | | 15 minutes | 263 | 2,476 | \$379,397 | \$1,443 | \$153 | 9 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 37 | 40 | \$51,144 | \$1,382 | \$1,279 | 1 |
| | | | | | | | | | | |

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|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 2 | 2 | \$1,886 | \$943 | \$943 | 1 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for T Codes | | ALL | <u> </u> | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 784 | | \$4,761,427 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|-------------------------------------|-------------|----------|-----------------|-------|-------|-----------|-----------|-------------|-----------|
| Service Category | | Tieres code | | | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 11 | 196 | \$198,321 | \$18,029 | \$1,012 | 18 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 4 | 38 | \$4,114 | \$1,029 | \$108 | 10 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | -, | | | # 01 tosts | | | 40 | 40 | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|------------|------------|-----------|
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | es 0940-0942 | 00104 | | # of visits Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 \$0 | 0 |
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 \$0 | 0 |
| ABA Behavior Identification Assessment | 0901 | 0359T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment | | 0363T | U5 | Each Additional 30 | 0 | 0 | \$0 | \$0 \$0 | \$0 | 0 |
| ADA Beliaviorai Follow-up Assessment | | 03031 | | Minutes | Ů. | · · | 40 | \$0 | 30 | 0 |
| ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment | | 0365T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment | | 0367T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0368T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment | | 0369T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 1 | 1 | \$178 | \$178 | \$178 | 1 |
| ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 53 | 53 | \$52,875 | \$998 | \$998 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | Encounter | 8 | 8 | \$4,469 | \$559 | \$559 | 1 |
| Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 23 | 65 | \$7,402 | \$322 | \$114 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 67 | 136 | \$20,525 | \$306 | \$151 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 95 | 749 | \$163,507 | \$1,721 | \$218 | 8 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 10 | 11 | \$2,439 | \$244 | \$222 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Each Additional 30 Minutes | 2 | 6 | \$1,180 | \$590 | \$197 | 3 |
| Therapy-Family Therapy | | 90846 | | Encounter | 34 | 157 | \$31,744 | \$934 | \$202 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 43 | 164 | \$29,809 | \$693 | \$182 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 2 | 2 | \$1,168 | \$584 | \$584 | 1 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 8 | 24 | \$14,082 | \$1,760 | \$587 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 9 | 21 | \$2,338 | \$260 | \$111 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | - | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 2 | 2 | \$263 | \$132 | \$132 | 1 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 6 | 6 | \$1,516 | \$253 | \$253 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 2 | \$131 | \$131 | \$66 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 103 | 249 | \$61,249 | \$595 | \$246 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 93 | 175 | \$39,575 | \$426 | \$226 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 11 | 13 | \$8,541 | \$776 | \$657 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Post | West Michigan | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Seltement for December Physicals Consolutions 99232 FF 64 Member 0 0 93 93 39 30 0 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Selection Polyment Computation 1925 147 19 Milliones 0 0 50 50 50 0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solventiane De Drouber Processia Consolatarium 9525 FF 30 Minings 0 9 95 90 0 Solventiar De Drouber Processia Consolatarium 9935 12 minings 0 0 59 10 0 Niming Fading Services conduntarium and management 9935 35 Minings 0 0 50 10 0 0 Niming Fading Services conduntarium and management 9936 45 Minings 0 0 50 10 0 0 0 10 10 0 0 0 10 | Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solution to the Proceder Physician Consolutions 9925 IF 1.00 Minutes 0 50 | Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Second Perfect Seco | Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Noting Faility Services evaluation and management 99305 35 Minutes 0 0 30 30 30 30 30 30 | Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Facility Services evaluation and management 99306 | Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Noning Facility Services evaluation and management 99.107 10 Minutes 0 0 50 50 50 0 0 0 0 | Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Naming Tacility Services conduction and management 99305 25 Minutes 0 0 50 50 50 50 0 0 0 | Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nesting Pacility Survices evaluation and management 99309 25 minutes 0 0 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Norsing Facility Services evaluation and management 99310 35 Minutes 0 0 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99125 Encounter 0 0 S0 S0 <td>Nursing Facility Services evaluation and management</td> <td></td> <td>99310</td> <td></td> <td>35 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99327 Encounter 0 0 50 50 50 50 0 | Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99328 Encounter 0 0 50 50 50 50 Assessment 99334 Encounter 0 0 50 50 50 0 Assessment 99335 Encounter 0 0 50 50 50 0 Assessment 99336 Encounter 0 0 50 </td <td>Assessment</td> <td></td> <td>99326</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99334 Encounter 0 0 50 50 50 0 Assessmet 99355 Encounter 0 0 50 50 50 0 Assessmet 99336 Encounter 0 0 50 50 50 0 Assessmet 99341 Encounter 0 0 50 | Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99335 Encounter 0 0 0 50 50 50 50 50 | Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99336 Encounter 0 0 S0 | Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99337 Encounter 0 0 \$0 | Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99341 Encounter 0 0 \$0 | Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99342 Encounter 0 0 \$0 | Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99343 Encounter 0 0 \$0 | Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99344 Encounter 0 0 \$0 | Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99345 Encounter 0 0 S0 S0 S0 0 Assessment 99347 Encounter 0 0 S0 S0 S0 0 Assessment 99348 Encounter 0 0 S0 S0 S0 0 Assessment 99349 Encounter 0 0 S0 S0 S0 0 Assessment 99350 Encounter 0 0 S0 | Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99347 Encounter 0 0 \$0 | Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99348 Encounter 0 0 \$0 | Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99349 Encounter 0 0 \$0 | Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99350 Encounter 0 0 \$0 | Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration 99506 Encounter 0 0 \$0 | Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management 99605 15 Minutes 0 0 50 \$0 | Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0080 Per mile 0 0 50 \$0 </td <td>Medication Administration</td> <td></td> <td>99506</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0090 Per mile 0 0 \$0 </td <td>Medication Management</td> <td></td> <td>99605</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0100 Per one-way trip 0 0 \$0 | Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0100 HF Per one-way trip 0 0 50 \$0 \$0 0 Transportation A0110 Per one-way trip 0 0 \$0 | Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0110 Per one-way trip 0 0 50 \$0 \$0 0 Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 \$0 | Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 \$0 | Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0120 Per one-way trip 0 0 \$0 | Transportation | | A0110 | | Per one-way trip | | 0 | | | | 0 |
| Transportation A0130 Per one-way trip 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Transportation | | A0120 | | Per one-way trip | | | | | | |
| Transportation A0140 Per one-way trip 0 0 \$0 | Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | | | | Unit | _ | | _ | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 170 | 180 | \$34,241 | \$201 | \$190 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 9 | 54 | \$33,673 | \$3,741 | \$624 | 6 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 140 | 155 | \$45,993 | \$329 | \$297 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 9 | 9 | \$2,671 | \$297 | \$297 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 102 | 112 | \$16,566 | \$162 | \$148 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 43 | 3,892 | \$263,021 | \$6,117 | \$68 | 91 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 1 | 2 | \$2,507 | \$2,507 | \$1,254 | 2 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 8 | 42 | \$4,583 | \$573 | \$109 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 1 | 6 | \$35 | \$35 | \$6 | 6 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 113 | 5,744 | \$49,686 | \$440 | \$9 | 51 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 Minutes | 12 | 765 | \$41,302 | \$3,442 | \$54 | 64 |
| Wraparound (SED Waiver) | | H2022 | | Days | 5 | 144 | \$35,194 | \$7,039 | \$244 | 29 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 134 | 493 | \$16,234 | \$121 | \$33 | 4 |
| Transportation | | S0209 | · | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|-----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue code | | Wiodifici | | | | | | | |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 67 | 142 | \$28,739 | \$429 | \$202 | 2 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 2 | 13 | \$2,631 | \$1,316 | \$202 | 7 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | 15 minutes | 185 | 5,270 | \$305,502 | \$1,651 | \$58 | 28 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 43 | 51 | \$34,099 | \$793 | \$669 | 1 |
| | | | | | | | TE 1,000 | 7.74 | + | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| West Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 391 | | \$1,562,103 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Woodlands | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 4 | 125 | \$137,112 | \$34,278 | \$1,097 | 31 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 9 | 59 | \$45,738 | \$5,082 | \$775 | 7 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Service Capsary | Woodlands | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Minter Wilson W | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Milesten One | Inpatient Hospital Ancillary Services - Other Therapeutic Services | es 0940-0942 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Debroke Infentitation Assessment | Additional Codes-ECT Anesthesia | | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Descripted Pollowery Assessment 1932T US Fries 30 Memore 0 0 89 30 50 0 0 0 0 0 0 0 0 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Deliveral Police up Ansenment | ABA Behavior Identification Assessment | | 0359T | U5 | Encounter | 1 | 2 | \$990 | \$990 | \$495 | 2 |
| Maintename | ABA Behavioral Follow-up Assessment | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment 0.965T U5 | ABA Behavioral Follow-up Assessment | | 0363T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie Mari | ABA Adaptive Treatment | | 0364T | U5 | First 30 Minutes | 1 | 96 | \$4,691 | \$4,691 | \$49 | 96 |
| ABA Croup Adaptive Behavior Treatment 10.6FT US Each Additional 30 | ABA Adaptive Treatment | | 0365T | U5 | | 1 | 1,072 | \$41,443 | \$41,443 | \$39 | 1,072 |
| Marce Marc | ABA Group Adaptive Behavior Treatment | | 0366T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment | ABA Group Adaptive Behavior Treatment | | 0367T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | | | 0368T | U5 | First 30 Minutes | 1 | 15 | \$1,392 | \$1,392 | \$93 | 15 |
| ABA Family Dehavior Treatment Goldance | | | 0369T | U5 | | 1 | 56 | \$4,478 | \$4,478 | \$80 | 56 |
| ABA Adaptive Behavior Treatment Social Skills Group 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 0 ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 0 0 ABA Exposure Adaptive Behavior Treatment U5 Teamment U5 Exposure Adaptive Behavior Treatment U5 Exposure U5 E | ABA Family Behavior Treatment Guidance | | 0370T | U5 | Encounter | 2 | 4 | \$805 | \$403 | \$201 | 2 |
| ABA Exposure Adaptive Behavior Treatment 0373T U5 First 60 Minutes 0 0 0 50 50 50 50 50 0 ABA Exposure Adaptive Behavior Treatment 0374T U5 Each Additional 30 0 0 0 50 50 50 50 50 0 Drug Screen 80305 Encounter 0 0 0 50 50 50 50 50 50 Drug Screen 80306 Encounter 0 0 0 50 50 50 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 10 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 50 10 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 50 10 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 50 10 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 50 10 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 50 10 Drug Screen 80307 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | ABA Family Behavior Treatment Guidance | | 0371T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment 80305 Each Additional 30 Drug Screen 80305 Eacounter 0 0 0 0 0 0 0 0 0 0 0 0 0 | ABA Adaptive Behavior Treatment Social Skills Group | | 0372T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | ABA Exposure Adaptive Behavior Treatment | | 0373T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 S0 S0 S0 S0 D | ABA Exposure Adaptive Behavior Treatment | | 0374T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 0 Interactive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 50 0 Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 50 0 Assessment for Autism 90785 HF Encounter 0 0 50 50 50 50 0 Assessment season 90791 Encounter 0 0 50 50 50 50 0 Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 50 Substance Use: Assessment 90791 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 50 Assessment Season 90792 HF Encounter 19 19 \$12,624 \$664 \$664 10 Assessment Use: Assessment 90792 HF Encounter 19 19 \$12,624 \$664 \$664 10 Assessment for Autism 90792 HF Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 0 50 50 50 50 50 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 50 0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90792 Encounter 19 19 \$12,624 \$664 \$664 10 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF Encounter 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment | | 90792 | | Encounter | 19 | 19 | \$12,624 | \$664 | \$664 | 1 |
| Mental Health: Outpatient Care 90832 30 Minutes 5 5 \$419 \$84 \$84 1 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90832 HF 30 Minutes 0 0 \$0 <td>Substance Use: Assessment</td> <td></td> <td>90792</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use: Assessment | | 90792 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915 90832 HF 30 Minutes 0 0 \$0 < | Assessment for Autism | | 90792 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 9015, 0916, 0919 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Mental Health: Outpatient Care | | 90832 | | 30 Minutes | 5 | 5 | \$419 | \$84 | \$84 | 1 |
| Mental Health: Outpatient Care 90834 45 Minutes 76 355 \$39,182 \$516 \$110 5 Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 0915, 0916, 0919 90834 HF 45 Minutes 0 0 \$0 <t< td=""><td>Substance Use Disorder: Outpatient Care</td><td></td><td>90832</td><td>HF</td><td>30 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<> | Substance Use Disorder: Outpatient Care | | 90832 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care 0900, 0906, 0914, 90834 HF 45 Minutes 0 0 \$ \$ 0 \$ \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ | Assessment | | 90833 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 0915, 0916, 0919 | Mental Health: Outpatient Care | | 90834 | | 45 Minutes | 76 | 355 | \$39,182 | \$516 | \$110 | 5 |
| Assessment 90836 45 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90836 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Mean Health Completer Circ Section Secti | Woodlands | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Solution Solution | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Post-colored Psycholater Spill S | Mental Health: Outpatient Care | | 90837 | | 60 Minutes | 8 | 22 | \$2,778 | \$347 | \$126 | 3 |
| Psychotherapy for Chis Fast of Manter 98839 | Substance Use Disorder: Outpatient Care | | 90837 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Popular | Assessment | | 90838 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Patterney Paster Paster | Psychotherapy for Crisis First 60 Minutes | | 90839 | | First 30-74 Min. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0915 9846 HF Executive 0 0 80 50 50 | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Therapy-Family Therapy | | 90846 | | Encounter | 7 | 13 | \$1,991 | \$284 | \$153 | 2 |
| Substance Use Disorder: Outputient Treatment | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Therapy-Family Therapy | | 90847 | | Encounter | 27 | 73 | \$10,220 | \$379 | \$140 | 3 |
| Therapy-Family Therapy 90849 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90853 HF Encounter 0 0 50 50 50 50 50 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) 90863 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 9901 99870 Encounter 0 0 50 50 50 50 50 50 | Pharmacological Management (SED Waiver) | | 90863 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 0 0 50 50 50 | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 0 0 50 50 50 50 50 50 | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 0 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92521 Encounter 0 0 \$0 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 Encounter 0 0 50 50 50 Speech & Language Therapy 92524 Encounter 0 0 50 50 50 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 Speech & Language Therapy 92607 First Hour 0 0 50 50 50 Speech & Language Therapy 92608 Each Additional 30 or Minutes 0 0 50 50 50 Speech & Language Therapy 92609 Encounter 0 0 50 50 50 Speech & Language Therapy 92610 Encounter 0 0 50 50 50 Speech & Language Therapy 92610 Encounter 0 0 50 50 50 Psychological Testing PSYCH/PHYS 96101 Per Hour 0 0 50 50 50 Assessment for Autism 96102 Per Hour 0 <td< td=""><td>Speech & Language Therapy</td><td></td><td>92521</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<> | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Encounter 0 0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92526 Encounter 0 0 50 \$0 \$0 Speech & Language Therapy 92607 First Hour 0 0 50 \$0 \$0 Speech & Language Therapy 2608 Each Additional 30 Minutes 0 0 \$0 \$0 \$0 \$0 Speech & Language Therapy 92609 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Speech & Language Therapy 92610 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Speech & Language Therapy 92610 Encounter 0 0 \$0 <td>Speech & Language Therapy</td> <td></td> <td>92523</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92523 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 First Hour 0 0 \$0 | Speech & Language Therapy | | 92524 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 Each Additional 30 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Speech & Language Therapy 92609 Encounter 0 0 \$0 \$0 \$0 \$0 Speech & Language Therapy 92610 Encounter 0 0 \$0 <td>Speech & Language Therapy</td> <td></td> <td>92607</td> <td></td> <td>First Hour</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Speech & Language Therapy | | 92607 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92608 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 | Speech & Language Therapy | | 92609 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96101 U5 Hour 0 0 \$ | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Technician 96102 Per Hour 0 0 \$0< | Psychological Testing PSYCH/PHYS | | 96101 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96102 U5 Hour 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 96101 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Psychological Testing by Technician | | 96102 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 96102 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychological Testing by Comp 96103 Per Hour 0 0 \$0 \$0 \$0 | Psychological Testing by Comp | | 96103 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96105 Encounter 0 0 \$0 \$0 \$0 \$0 | Assessments-Other | | 96105 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96110 Encounter 0 0 \$0 \$0 \$0 \$0 | Assessments-Other | | 96110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 96111 Encounter 0 0 \$0 \$0 \$0 \$0 | Assessments-Other | | 96111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Woodlands | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Psych/Phys | | 96118 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96118 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test by Tech | | 96119 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96119 | U5 | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neuropsych test Admin w/Comp | | 96120 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy (Note: Retired 12/31/17) | | 97532 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| C/O for Orthotic/Prosth Use or Physical Therapy(Note: Retired 12/31/17) | | 97762 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2018

| Woodlands | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 55 | 141 | \$24,142 | \$439 | \$171 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 30 Minutes | 3 | 3 | \$307 | \$102 | \$102 | 1 |
| Additional Codes-Physician Services | | 99222 | | 50 Minutes | 2 | 2 | \$202 | \$101 | \$101 | 1 |
| Additional Codes-Physician Services | | 99223 | | 70 Minutes | 1 | 1 | \$103 | \$103 | \$103 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | 15 Minutes | 3 | 12 | \$792 | \$264 | \$66 | 4 |
| Additional Codes-Physician Services | | 99232 | | 25 minutes | 4 | 11 | \$1,122 | \$280 | \$102 | 3 |
| Additional Codes-Physician Services | | 99233 | | 35 Minutes | 5 | 12 | \$1,235 | \$247 | \$103 | 2 |
| Additional Codes-Physician Services | | 99238 | | <= 30 Minutes | 1 | 1 | \$101 | \$101 | \$101 | 1 |
| Additional Codes-Physician Services | | 99239 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Woodlands | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Woodlands | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | A0170 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0427 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 58 | 58 | \$17,954 | \$310 | \$310 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Days | 5 | 29 | \$18,041 | \$3,608 | \$622 | 6 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 121 | 126 | \$47,167 | \$390 | \$374 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 6 | 81 | \$5,234 | \$872 | \$65 | 14 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | Encounter | 100 | 110 | \$19,441 | \$194 | \$177 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 29 | 1,604 | \$160,771 | \$5,544 | \$100 | 55 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Woodlands | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assertive Community Treatment (ACT) | | H0039 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | Days | 1 | 5 | \$1,237 | \$1,237 | \$247 | 5 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 3 | 15 | \$2,430 | \$810 | \$162 | 5 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 6 | 1,189 | \$6,198 | \$1,033 | \$5 | 198 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 1 | 164 | \$597 | \$597 | \$4 | 164 |
| Community Living Supports (Daily) | | H2016 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | 15 Minutes | 3 | 45 | \$2,170 | \$723 | \$48 | 15 |
| Behavior Services | | H2019 | TT | 15 Minutes | 2 | 16 | \$771 | \$386 | \$48 | 8 |
| Wraparound | | H2021 | | 15 Minutes | 3 | 13 | \$4,262 | \$1,421 | \$328 | 4 |
| Wraparound (SED Waiver) | | H2022 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Woodlands | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 1 | 1 | \$230 | \$230 | \$230 | 1 |
| Family Training | | S5111 | HA | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Days | 1 | 26 | \$9,463 | \$9,463 | \$364 | 26 |
| Respite | | S5150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | 15 minutes | 1 | 20 | \$394 | \$394 | \$20 | 20 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 Minutes | 2 | 1,424 | \$6,445 | \$3,222 | \$5 | 712 |
| Respite Care | | T1005 | TD | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | 15 minutes | 7 | 144 | \$14,442 | \$2,063 | \$100 | 21 |
| Targeted Case Management | | T1017 | | 15 minutes | 38 | 807 | \$81,099 | \$2,134 | \$100 | 21 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 36 | 46 | \$29,987 | \$833 | \$652 | 1 |

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|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 269 | | \$760,200 | | | |